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Vickers, Ian ORCID logoORCID: <https://orcid.org/0000-0001-5863-969X>, Owen, Robyn ORCID logoORCID: <https://orcid.org/0000-0003-4241-3367>, Smallbone, David, James, Philip ORCID logoORCID: <https://orcid.org/0000-0002-1500-9468>, Ekanem, Ignatius U. ORCID logoORCID: <https://orcid.org/0000-0001-5678-3954> and Bertotti, Marcello (2003) Cultural influences on health and safety attitudes and behaviour in small firms. Project Report. Health & Safety Executive Research Report, HSE Books, London. . [Monograph] (doi:ISBN: 071762742X)

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Cultural influences on health and safety attitudes and behaviour in small businesses

Prepared by **Middlesex University Business School**
for the Health and Safety Executive 2003

RESEARCH REPORT 150

Cultural influences on health and safety attitudes and behaviour in small businesses

**Dr Ian Vickers, Dr Robert Baldock,
Professor David Smallbone,
Professor Philip James,
Dr Ignatius Ekanem**
Marcello Bertotti Centre for Enterprise
and Economic Development Research
Middlesex University Business School
The Burroughs
London
NW4 4BT

This report details the findings of a study which sought to identify the role of cultural influences on health and safety attitudes and behaviour in small and micro-enterprises and related issues concerning channels of communication and the role of the Health and Safety Executive. The main cultural influence on health and safety attitudes and behaviour in small businesses was found to be the organisational culture that typifies many such enterprises, reflecting less formal approaches to management, the preference of owner/managers for autonomy and the closeness of employer/employee relations in small businesses. With regard to some ethnic minority businesses (EMBs), ethnic background can be an important second order influence in some cases. Other influences identified relate to previous management experience, educational/skill levels, and gender. All these influences, however, need to be understood in the context of the resource constraints faced by small businesses and the key role of a number of external influences. With regard to authoritative and credible channels of communication by which health and safety messages can be disseminated, it is concluded that health and safety inspectors themselves are currently the most commonly used and preferred sources of information and advice for most small businesses. As far as other conduits are concerned, in some areas and in some communities, ethnic minority intermediaries can help the dissemination process with EMBs, provided that resources are made available to facilitate this. Sector based associations appear to have greater potential for more widespread influence with such enterprises, although to achieve this these organisations will need to become more inclusive in terms of ethnic diversity and the size range of businesses making up their membership.

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EXECUTIVE SUMMARY

The main findings of the study are summarised below, followed by other, more detailed, findings. References to the relevant sections of the report are given in brackets.

MAIN FINDINGS

The role of cultural influences on health and safety attitudes and behaviour

- Occupational health and safety outcomes in small businesses must be understood in relation to a complex interplay of influences, broadly divided into those that are external and internal to the business (3.4, 5.2).
- The main external influences on businesses are: the nature of the particular market, notably the degree and forms of competition and sectoral context of the business; regulatory pressures; the role of the supply chain and the requirements of large customers/contractors, in particular; and other government regulatory and enterprise policies (3.4, 5.2).
- Internal influences comprise the characteristics and capabilities of the business, particularly with respect to the degree of formality/informality in management approach. This is reflected in differences between enterprises in the incidence of management training, the extent of employee representation with respect to health and safety, and the values and behavioural traits of managers and employees. The relative roles of the various influences identified can vary considerably, particularly with respect to business size (2, 3.4, 5.2).
- The main cultural influence identified by the study is the organisational culture that typifies many small businesses, reflecting less formal approaches to management, the preference for owners/managers for autonomy and the closeness of employer/employee relations. This cultural influence, however, needs to be understood in the context of other characteristics, notably the resource constraints faced by small enterprises (2, 3.4, 4.3.4, 5.2).
- Ethnicity can be an important ‘second order’ cultural influence: ethnic minority businesses (EMBs) appear to perform less strongly with respect to health and safety management than white-owned businesses on a number of indicators, although the greatest differences were exhibited between different ethnic groups (2.3, 2.4).
- Other important influences identified relate to previous management experience, educational/skill levels and gender (2.3, 2.4, 3.4.2.3, 4.3.3).

Channels of influence and support

- The survey findings indicate that health and safety inspectors themselves are currently the most commonly used and preferred sources of information and advice on healthy and safety issues for most small businesses (2.4.5), and are contributing to improved awareness, particularly in EMBs, and some improvement in health and safety practices in many cases (2.3.2.2, 3.4.3.3). A need for more frequent inspections was an important recommendation of intermediary key informants, employees, and some managers (3.5.2, 4.5.2).

- The evidence presented suggests that some EMB intermediaries have a potentially valuable role to play in some localities in reinforcing health and safety messages, particularly with respect to those ethnic groups which tend to be most mistrustful of authority and experience most difficulty around compliance (4.5, 5.3.3).
- Sector based trade associations appear to have greater potential for more widespread influence, although a key issue here is for these organisations to become more inclusive in terms of the size-range of businesses making up their membership, as well as in terms of ethnic diversity (2.2.1.8, 3.4.3.4, 5.3.3).
- Encouraging the wider adoption of good health and safety practice in small businesses (EMBs in particular) requires a strategy of engagement that recognises the heterogeneity of the sector (5.3, 5.4).

OTHER DETAILED FINDINGS

Awareness of health and safety legislation

- The telephone survey results reveal a low level of awareness of specific health and safety legislation relevant to their businesses by respondents. Even in relatively high risk sectors, such as construction, only about half the respondents were able to broadly identify health and safety legislation that applied to their businesses (2.3.1).
- The most frequently identified piece of legislation was the Health and Safety at Work Act 1974, although only by a quarter of all surveyed businesses (2.3.1).
- An important proviso to the above, however, is that whilst businesses may have a low level of awareness of relevant regulations, this does not necessarily mean that they operate poor environments in health and safety terms. A number of inspectors that were interviewed reported that some businesses displaying a poor awareness of legislation, including failings in terms of paperwork and formal systems, were judged to be adequate, or even good, in terms of health, safety and welfare provision. Moreover, established small businesses appeared to develop some awareness of the main requirements of the legislation, often in response to them having been drawn to their attention by external intervention (3.2.1, 3.4.3, 4.2).
- While many owners/managers that were interviewed appeared to have an adequate or good awareness of the most immediate risks associated with their business activity, some of the interviews with employees (in different businesses) provided examples where managers appeared to hold a more indifferent attitude towards health and safety risks (3.4).
- Intermediaries described health and safety as being a low order of priority for most of the businesses they had had dealings with. However, the views of these interviewees were often derived from their experiences with food business clients with respect to compliance with the food hygiene regulations. Inspectors described health and safety awareness and practices in small businesses as ranging from excellent to very poor, with the smallest businesses tending to be the poorest, notably with respect to systems, policies and documentation (4.2).
- The survey shows that characteristics of businesses where knowledge of relevant health and safety legislation was more commonly reported included those employing more than five,

with white or Chinese ownership, women owners, a trained manager within the business (particularly among EMBs), and the use of IT for some purpose (2.3.1).

Compliance issues with respect to the health and safety legislation

- Less than 10% of surveyed enterprises reported difficulties in complying with health and safety legislation, although this partly reflects the low level of awareness (2.3.2.1).
- Where difficulties were reported, EMBs were much more likely to refer to a lack of clarity in the regulations than their white-owned counterparts (2.3.2.1).
- Approximately three-quarters of surveyed businesses reported being visited by health and safety inspectors, one third of which were required to take actions following the visits. However, only a minority reported any difficulty in meeting the requirements of inspectors (2.3.2.2, 4.4).
- Although businesses experiencing inspection visits were more likely to complain that health and safety regulations were too burdensome for various reasons, the survey and other findings suggest that, on the whole, inspectors are adopting a predominantly persuasive and educative approach, using enforcement actions, particularly prosecution, as a last resort (2.3.2.2, 4.4).

Attitudes expressed with respect to the current level of health and safety regulation

- Although a majority of respondents judged that the current level of health and safety regulation was too great, this appeared to be part of a wider view about the level of government regulation on business as a whole (2.3.3).
- Unlike other fields of regulation, EMBs (as a group) were significantly less likely to complain about the burden of health and safety legislation than white-owned businesses. However, there were also marked differences between EMB groups, with South Asian businesses demonstrating a higher propensity to be antipathetic, whilst Greek, African/Caribbean and Chinese owned businesses appeared broadly satisfied with the current regulatory level (2.3.3).
- Owner/managers in male owned businesses were more likely to assess health and safety regulation as being too great compared with their women-owned or co-owned counterparts (2.3.3).
- EMBs that made use of IT were significantly less likely to report feeling over-regulated with respect to health and safety legislation. If IT use is taken as an indication of a more active and systematic approach to management, then a perception of over-regulation is more common among businesses that are more conservatively managed (2.3.3).

- Businesses that had been visited by health and safety inspectors were significantly more likely to complain about the current level of health and safety legislation than non-inspected businesses (2.3.3).

Health and safety management within small businesses

- EMBs were shown by the survey to perform more poorly compared to the white control on a number of indicators, although the greatest differences revealed by the survey were between ethnic minority groups (2.4). In this respect prior experiences, social class and educational background were particularly emphasised by some key informant interviewees as the main factors explaining different EMB responses to regulation (4.3.1).
- Just over half the surveyed businesses claimed to have made some health and safety related improvements during the previous five years, with larger businesses being significantly more active in this regard (2.4.6.1). Data from other sources, however, suggests that some of the results from this part of the survey need to be treated with caution, because of a suspicion that some respondents may have exaggerated their commitment to health and safety related practices (3.3.2, 4.2).
- The most commonly reported improvement measures were: regular inspections of equipment; system improvements; risk assessments; health and safety training for staff; and health and safety training for managers (2.4.6.2).
- A majority of survey respondents agreed with the statement that ‘investment in health and safety improvements will have financial benefits for their business’, although larger businesses in the sample were significantly more likely to make this assessment than smaller businesses (2.4.6.4).
- One of the characteristics of surveyed businesses that was the most clearly associated with a positive assessment of the financial benefits of investing in health and safety improvements was a visit from a health and safety inspector. This may suggest that inspectors are successfully undertaking an educative role with respect to both EMBs and white-owned businesses inspected, although it may also reflect the targeting criteria of inspectors, who tend to visit higher-risk businesses more regularly (2.4.6.4).
- The most structured and evolved approaches to health and safety management tend to be found in businesses with 25 or more employees. Such businesses also tend to be more externally oriented in terms of their use of sources of advice and support than smaller businesses (3.3.1).
- Even in those small and micro-enterprises which demonstrate a high level of health and safety awareness, assessment of risks is likely to be implicit, informal and sometimes reactive, as opposed to the more systematic and explicit approach promoted by HSE, and more likely to be adopted in larger businesses and organisations (3.3.2).
- Insofar as there is any consultation with employees on health and safety in small businesses, this is typically of an informal nature and in the context of the closeness of day-to-day interaction between people within such enterprises (3.3.3).

- Although employees on the whole clearly felt that larger businesses/organisations were better able to support workplace health and safety and other aspects of staff provision, many also expressed a clear preference for small business working environments for a number of reasons (3.2.3).

Influences on attitudes and behaviour

- How health and safety is managed in different contexts needs to be understood in terms of the interrelationship between the particular business environment/market context of the enterprise and those characteristics which are more internal to the business, including ‘cultural’ factors (1.2.7, 3.4.1, 5.2.1).
- Follow-up interviews provide little evidence of attitudinal and behavioural characteristics that can be clearly attributed to particular ethnic groups. Insofar as differences were apparent, respondents largely attribute these to the formative influence of prior experiences in different national/cultural contexts, the unfamiliarity of recent immigrants in particular with the UK system and its expectations, and the language barrier experienced by some groups (3.4.2.1, 4.3.1).
- In terms of the characteristics and attitudes of managers within small businesses, motivations include: a view of good health and safety as being in the best interest of the business, particularly in terms of staff retention; staff training and development viewed as a key element of business success; and a familial and/or paternalistic concern for staff (3.4.2.2).
- A significant number of managers emphasised the difficulty they often experienced in persuading their staff to observe safe practice and adhere to the legal requirements. Construction businesses, in particular, drew attention to their inability to provide a constant supervisory presence on small sites and the problems that could arise from this (3.4.2.3).
- Some small construction enterprises become subject to stricter supervisory regimes (including training), when they undertake work for large customers/contractors. In this respect there can be a tension between the more informal work culture that is typical in small businesses and the more bureaucratic and rule-based safety cultures of large businesses/organisations (3.4.3.2).
- A recurring theme in many of the interviews was the issue of cost and the need to minimise costs in order to remain competitive and survive. This particularly applied in the case of the smallest businesses and those facing the most competitive market conditions (3.4.3.1).
- The supply chain influences affecting some small businesses can be both positive and negative in character. While some large customers impose health and safety requirements on their suppliers, small enterprises can experience considerable difficulty in meeting such requirements particularly where customers are simultaneously concerned to minimise the prices they pay their suppliers (3.4.3.2).
- Some employees that were interviewed drew attention to a lack of management concern about health and safety and an unwillingness to invest in, and enforce, the use of basic protection measures. In such cases health and safety is often viewed as being largely a matter of individual responsibility. Particularly relevant here can also be the degree of competitive

pressure and associated drives to minimise costs and meet deadlines through ‘cutting corners’ (3.2.2, 3.4.1).

Experiences of and attitudes towards inspectors

- Of those managers interviewed who had experienced health and safety inspection visits, many of these were positive about the role of inspectors. At the same time, a small number recounted more negative experiences, mainly relating to the manner and attitude of the inspector concerned, a perceived lack of understanding on the part of the inspector as to the nature of the business, and perceived inconsistencies in how different inspectors enforce the regulations and make recommendations (3.4.3.3).
- Some employees recounted instances where visiting inspectors were unable to properly identify and deal with health and safety breaches in their workplaces, partly due to the avoidance and diversionary tactics of managers (3.4.3.3).

Preferred sources of information and advice

- Almost one in three surveyed businesses had made some use of external sources of information and advice about health and safety, with the propensity tending to increase with business size, at least among EMBs. It was also above average in the construction and hospitality sectors. Although there was no difference between EMBs as a group and white-owned businesses in this regard, there was some variation between EMB groups, with Chinese and African/Caribbeans exhibiting the highest propensity to report using external sources and South Asian groups the least (2.4.5.1).
- EMBs that reported receiving an inspection visit were significantly more likely to have accessed an external source of information and/or advice about health and safety, although the survey data does not enable us to identify the sequence of these events (2.4.5.1).
- Although the HSE is keen to explore other channels of communication for the dissemination of information about health and safety issues, the survey evidence shows that, at present, the HSE and local authorities, are by far the most common sources (2.4.5.2).
- Very few respondents reported experiencing difficulties in accessing health and safety information, although this would appear to be mainly a result of the low level of perceived need for it (2.4.5.3).
- In terms of preferred sources of information/advice on health and safety, about half of the managers interviewed identified inspectors or the local authority as their preferred source, while others preferred to rely on other sources, particularly suppliers, trade associations and customers. A number of interviewees indicated their wariness of health and safety inspectors (3.4.3.4).
- A number of businesses had made use of consultants with respect to health, safety and environmental issues; while some recounted positive experiences, others were highly critical of the service that had been provided or offered. The view was expressed by some managers that some consultants take advantage of the insecurities and limited awareness of small businesses by offering services which simply increase the burden of paperwork on the business to limited practical benefit in terms of improved health and safety (3.4.3.4).

- A number of suggestions for improvement were made by managers, in particular that inspectors needed to adopt a patient and helpful approach with small businesses and be more prepared to discuss the issues and negotiate actions for improvement; overly officious and punitive approaches were viewed as counter-productive (3.5.1). Some managers expressed their preference for help and advice on health and safety to be dissociated from any threat of enforcement action (3.5.3).
- Other suggestions for improvement included: the provision of better and more targeted (i.e. sector specific) guidance for small businesses; better and more consistent enforcement and more frequent inspections; a re-balancing of the legal 'duty of care' away from employers and towards employees and financial assistance with compliance. Employees particularly emphasised more frequent and thorough inspection visits and better availability of training and advice (3.5.4, 3.5.5).

The experiences and views of support providers, inspectors and trade union representatives

- The main internal influences and barriers to health and safety improvements affecting EMBs identified by intermediaries were: the lack of familiarity of more recent immigrants with the UK system; language barriers; the particular feelings of alienation and hostility that some EM groups hold towards officialdom and a related preference to minimise contact with regulatory officials; the characteristics of micro and small businesses and the owner/managers themselves (i.e. irrespective of ethnic background); and the resource constraints that limit the ability of small businesses to invest in health and safety measures (4.3).
- Gender and gender relations were seen as an influence by some inspectors, mainly in relation to the greater risk averseness of women and also the greater resistance sometimes faced by female inspectors on inspection visits to some businesses (4.3.3).
- Inspectors identified external pressure as a key influence on levels of health and safety awareness and compliance, i.e. whether or not an establishment had been previously subject to regulatory pressure in the form of an inspection or, in some sectors, whether influence had been exerted by larger customer businesses. Other important influences reported were: the stability of the business and length of time it has been established; the presence of a key individual who is sensitive and responsive to health and safety issues; and the closeness of relations in small businesses, particular when they are family-owned and run (4.3).
- A number of interviewees emphasised the role of investment in health and safety as an aspect of good business practice and development. However, some inspectors and intermediaries pointed out that many small enterprises were unpersuaded by the 'business case' for health and safety related investment. In this respect it was noted that there is a lack of positive evidence to help demonstrate to owners/managers the existence of such a link in the context of their own or similar businesses and a related lack of incentive stemming from the fact that insurance premiums are insufficiently linked to good health and safety practice (4.4.4).
- Engagement with workers was identified as being an area of particular difficulty for inspectors, especially in non-unionised workplaces (i.e. most small businesses). Workers are frequently reluctant to speak to inspectors due to their not wishing to endanger their positions by being seen by the owner/manager as 'troublemakers'. In this context, good inspectors are

conscious of the need to engage with employees about health and safety concerns in ways that do not threaten their future prospects within an establishment. With regard to EMBs, the language barrier was regarded as greater in relation to employees than with respect to managers (4.4.5).

- A number of recommendations for encouraging the adoption of good health and safety practice in EMBs were made by intermediaries in relation to the need for initiatives to be carefully designed to suit the characteristics of small enterprises, and for HSE and local authority inspectors to cultivate a more visible presence and a more positive image with EMBs (4.5.2).
- Given the low priority typically accorded by small businesses to health and safety, it was felt that there may be considerable advantages to providing advice and support in a way that is more closely linked to the more pressing concerns of owner/managers, i.e. profitability and growth, quality control/good housekeeping for manufacturers and, food hygiene certification and compliance for food businesses. In contrast, initiatives solely focused on health and safety were felt to be unlikely to appeal to the majority of small businesses (4.5.2).
- Other recommendations from intermediaries related to: the provision of health and safety advice that is separate from the enforcement function of inspectors; in-house training for businesses that find it difficult to release staff to attend external events; and ensuring that all new businesses are made fully aware of health and safety considerations and legal requirements at the start-up stage (4.5.2).
- A potential tension emerged from some of the interviews with intermediaries between the recommendation that inspectors adopt a more ‘business friendly’ and ‘coaching’ role towards small businesses and, on the other hand, a view that the regulations need to be enforced more vigorously and consistently (4.5.2). In relation to this, some inspectors voiced the dilemma they sometimes felt arising from their responsibility to enforce the law and the other pressures they faced to be understanding of small businesses’ non-compliance (4.4.2).
- A few of the EMB organisations visited were already directly involved in the provision of health and safety support, although in all these cases such engagement had developed from more pressing requests to assist food business clients with issues around the food hygiene regulations. Such involvement included the provision of training (basic food hygiene and health and safety) and liaising with local authority inspectors in relation to the particular problems experienced by food business clients around compliance (4.5.1).
- Most of the EMB organisations interviewed were positive in terms of their willingness to become more involved in the dissemination of health and safety messages and support to client groups. An important proviso here, however, was that sufficient resources would need to be made available to support any increased role on their part (4.5.2).
- HSE interviewees referred to a number of examples of constructive contacts with intermediaries (both sector and ethnic based) and involvement with awareness raising initiatives. A recent awareness raising initiative targeted at Turkish and Kurdish workers in community centres in north London would seem to provide a useful model for engaging with ethnic minority workers outside of the workplace (4.5.3).

RECOMMENDATIONS

The heterogeneity that exists within the small business sector, of which the ethnicity of owner/managers is one element, means that the approach used by the HSE to increasing awareness of health and safety issues and improving health and safety practices in small businesses, must be multifaceted. In this context, the research findings suggest that the HSE should seek to:

1. Recognise in its dealings with small and microenterprises that approaches to management are typically more informal, implicit and reactive than in the case of large organisations (p.111).
2. Increase the role of inspection visits in relation to health and safety improvements in small and microenterprises (p.111).
3. Take steps to actively disseminate the message concerning the educative role of health and safety inspectors and inspections to small businesses, both directly and through small business organisations and intermediaries (p.112).
4. Be willing to work flexibly with a broad range of intermediaries, as part of a wider strategy of engagement with the various EMB groups (p.113).
5. Work closely with key partners involved in the provision of business support to small enterprises to promote awareness of health and safety issues and 'good practice' that is appropriate and sensitive to the distinctive management 'culture' that is found in small businesses (p.113).
6. Take steps to increase awareness of health and safety issues and good health and safety practices among employees (p.114).
7. Take steps to increase the availability of information and advice on health and safety issues from sources that are not associated with the enforcement function (p.114).
8. Further develop synergy and co-operation with other fields of regulation, such as food hygiene and building control regulations (p.115).

1 INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 SMALL BUSINESSES, HEALTH & SAFETY AND THE POTENTIAL ROLE OF INTERMEDIARIES

1.1.1 Aims of the study

This report is concerned with understanding the role of cultural influences on health and safety attitudes and behaviour in small and micro-enterprises. The specific aims of the research conducted have been to identify:

1. cultural influences that make employers and workers in small businesses receptive/unreceptive to health and safety messages;
2. authoritative and credible channels of communication by which health and safety messages can be more widely disseminated to small enterprises, and to ethnic minority businesses in particular;
3. the impact of cultural influences on employer/employee expectations of the Health and Safety Executive.

Cultural influences on health and safety attitudes and behaviour in small businesses were broadly defined to include ethnicity, socio-economic group, professional and educational background, religion, family/community and sector.

This introductory chapter begins by briefly summarising what is already known about small businesses and health and safety. It then examines the role of various influences that can be viewed as ‘cultural’, followed by a summary of the methodology used for the research.

1.1.2 Small businesses and health & safety

There is substantial evidence that people in small enterprises face proportionately greater physical risks than do workers in larger businesses. For instance, Eurostat data for 1996 shows that the fatal injury rate per 100,000 workers in EU businesses was 6.8 in businesses with fewer than 10 employees; 6.3 in businesses with between 10 and 49 employees; and 2.7 in businesses with more than 250 employees.¹ Similarly, UK data shows the rate of fatal injury in small manufacturing workplaces to be double those in medium and large workplaces² (see also Nichols 1997 and Walters 2001 for more extensive reviews of the evidence).

Although the heterogeneity of small enterprises makes it difficult to generalise, previous research suggests that problems of poor safety performance are more related to the poor management of risk than the absolute seriousness of the hazards faced. In this respect, it is argued that a “general and multifaceted lack of resources” gives rise to “structures of vulnerability” within small

¹ ‘Accidents at work in the EU in 1996’, Statistics in Focus, Population and Social Conditions.

² ‘Levels and trends in workplace injury: rates of injury within small and large manufacturing workplaces 1994/95 – 1999/2000’, Health and Safety Commission.

businesses (Nichols 1997; see also Entec 1998; Walters 2001: chapters 3 & 5). The specific features that give rise to these structures of vulnerability include:

- limited resources to invest in health and safety management, including time, competency, information, training and plant and equipment;
- a low frequency of inspections per organisation;
- limited access of workers to any autonomous representation of their interests, such as through trade unions and works councils;
- low profile, and hence little fear of loss of business resulting from adverse publicity and regulatory attention.

As Walters argues (*op cit* p.141), such features may be further exacerbated by additional aspects of vulnerability including the tendency for employment in smaller enterprises to be more insecure and associated with a greater threat of employment loss, the limited profitability of many such enterprises and the extent to which illegal (and consequently unregulated) work and workers are also characteristic. Hence initiatives aimed at improving health and safety in small businesses need to take account of the combined effects of such factors if they are to succeed.

1.1.3 Potential role of intermediaries

Previous HSE funded research has identified ethnic minorities and micro businesses as being particularly difficult to access and influence (Breakwell & Petts 2001). The suggestion is that for ethnic minority businesses (EMBs), suspicion and hostility towards regulators is even more likely to apply than in the case of businesses of white/UK ethnic origin. Furthermore, since most EMBs are microenterprises, many of the issues previously identified as applying to these very small businesses in general will obviously be shared with most EMBs.

An important aspect of the concern with cultural influences is the fact that the number and variety of small enterprises makes it difficult for regulators to reach more than a minority without using other means for transmitting health and safety messages. In this context, Walters (*op cit*) has highlighted the case for using intermediaries and small business support networks in order to complement the established system of regulation and inspection. Previous HSE commissioned research has already evaluated the potential role of such key intermediaries as Training and Enterprise Councils (now the Learning and Skills Councils), Enterprise Agencies, Business Links and Chambers of Commerce to act as amplifiers and conduits of information from the HSE to small businesses (Haslam *et al* 1998). Apart from the fact that health and safety has not previously been a concern of Business Links, a major limitation of attempting to use them as a conduit would appear to be the low penetration of EMBs by these mainstream agencies (Marlow 1992; Ram & Sparrow 1993).

Some attention has also been given to the potential role of accountants and banks as providers of health and safety information, although the findings to date appear disappointing. In this regard Walker & Tait (1999) found that none of the accountants interviewed provided health and safety information, while provision by banks tended to be erratic and not part of a central strategy. Such information as was provided by banks was found to be piecemeal, not designed specifically for small enterprises, overly focussed on legislation and insufficiently practical in its approach. Furthermore, the funding provided by banks was not conditional on businesses meeting health and safety requirements.

One of the questions which the current study is particularly concerned with is identifying the intermediaries that are the most likely to be able to act as authoritative and credible influences on EMBs. Before introducing the methodology used to address this and the other aims of the research, the next section considers the role of cultural influences on health and safety in general terms, drawing out the most relevant insights from a variety of sources.

1.2 CULTURAL INFLUENCES ON HEALTH AND SAFETY

1.2.1 Culture and cultural influences: definitions and overview

For the purposes of the study, cultural influences on health and safety in small businesses were initially defined to include ethnicity, socio-economic group, professional and educational background, religion, family/community and the sector. Although ‘culture’ is a notoriously complex concept, it can be broadly defined in terms of the shared practices, mental habits and norms which shape people’s identities and influence their attitudes and behaviours. These practices, habits and norms are generated and assimilated by people in a variety of settings including in the context of particular national or ethnically-based cultures (i.e. in terms of traditional practices and language), but also in particular institutional/organisational settings and professional contexts. All cultures are generally seen by academic commentators as being subject to change, contestation and re-formulation over time, rather than being fixed and static.

While clearly it is neither feasible nor desirable to review the full range of interpretations of the concepts of culture and cultural influences, this section will review some of the most relevant interpretations and applications in social science, management and policy thinking. The discussion is organised around the following themes: ethnicity and gender; cultural (grid-group) theory perspectives on responses to risk; small business cultures; sectoral influences; and regulatory cultures.

1.2.2 Ethnicity and gender

There has been little previous research on the extent to which cultural factors, including ethnicity, influence attitudes and behaviour towards health and safety in small enterprises. There is, however, an established literature on cultural influences on behaviour in general (e.g. see Brislin 2000; and Hutchinson & Smith 1996 for a more general review of debates around ethnicity). There have also been a few studies which have sought to address the responses of different ethnic groups to environmental and health and safety risk (e.g. Flynn *et al* 1994; Kalof *et al* 2002). The recent US study by Kalof *et al*, for instance, reveals significant differences between white, black and Hispanic peoples in values and beliefs towards environmental risk. The study also found significant gender differences but only with respect to whites. The authors conclude that the attitudes of white men in the USA are distinct from other groups and that this may be a result of the privileged position of this group and a greater acceptance of “desired risk” (Machlis & Rosa 1990). Hence the findings are related to a structural understanding of the differential distribution of risk, power and vulnerability in society. Such an analysis also suggests that there is likely to be a complex and dynamic relationship between cultural/socio-psychological factors and context. A similar perspective is apparent, moreover, in the growing body of literature on EMBs, which increasingly recognises that cultural factors are only one of a number of sources of differences that may exist between EMBs and other small enterprises. In this regard, ‘culturalist’ perspectives have been challenged for over-emphasising ethnicity, rather than factors such as the economic class of business owners and an appreciation of the opportunity structures and the wider socio-economic context in which EMBs operate (Ram & Jones 1998; Rath 2000).

With respect to gender, important differences have been identified between masculine and feminine cultures which have implications for attitudes to risk.³ In this respect a number of studies confirm that men tend to judge risks as being smaller and less problematic than do women, although a striking finding of the US studies previously cited is that gender differences were not true of nonwhite women and men, whose perceptions of risk were quite similar (Kalof *et al* and Flynn *et al* – both *op cit*). In the context of the UK construction industry, the masculine and risk tolerant culture of many construction workers has long been recognised as a factor contributing towards high accident and fatality rates in this industry. Again, however, some authors have argued that this ‘cultural influence’ needs to be seen as itself the product of a number of complex factors including more structural characteristics of the industry (e.g. Dawson *et al* 1988 ch. 5; see also Whittington *et al* 1992).

1.2.3 Grid-group cultural theory perspectives on plural responses to risk

Grid-group cultural theory seeks to explain cultural diversity in terms of a limited number of cultural types which are nevertheless universal. It is particularly concerned with understanding the influence of the beliefs and values that people adhere to that are more political (and perhaps social class based) in nature and suggests that all cultures can be assessed and classified according to two dimensions: grid and group. The grid dimension refers to the degree of social regulation or prescription and the extent to which a given culture imposes its social categories on its people and therefore determines what is appropriate behaviour. The group dimension identifies the degree of collectiveness/identity with the group versus individualism. The cultural theory approach to understanding perceptions of and responses to health and safety risks is most pertinently represented by a recent study for the HSE (Adams & Thompson 2002; see also Schwarz & Thompson 1990). The authors suggest that the costs and rewards of risk taking are viewed through the perceptual filters (or ‘rationalities’) of four types of cultural position: individualist, egalitarian, fatalist and hierarchist. Thus **individualists** are enterprising ‘self-made’ people who value autonomy and seek to exert control over their environment and the people in it. This view tends to oppose regulation and to invoke selfish behaviour and free markets as operating for the greater good (e.g. stereotypically entrepreneurs and business owners). This perspective sees nature as existing to be used and commanded for human benefit, while the risk-management style is relaxed, exploitative and laissez-faire. **Egalitarians** have strong group loyalties but little respect for externally imposed roles, other than those imposed by nature, which are to be respected and obeyed (e.g. environmental pressure groups, communitarians, members of religious sects). The approach to risk management is guided by the precautionary principle. **Hierarchists** adhere to strong group boundaries and binding prescriptions and adopt a managerial approach to nature, using intellectual expertise to justify actions (e.g. civil servants). The risk management style is interventionist. **Fatalists** have little control or influence over their own circumstances, are resigned to their fate and endure or enjoy whatever fate/nature delivers (e.g. non-unionised employees, refugees).

These stylized positions represent different approaches to risk, the implications for HSE (defined as a “statutory hierarchist”) being the need to balance all three other perspectives in its deliberations. Adams & Thompson furthermore distinguish between different types of risks, including those that are directly perceptible and those which are only perceivable with the help of science, and whether or not the risks are voluntary or imposed. Recommendations following from this analysis that are particularly relevant to the current study are that HSE should: be clear

³ Gender emerged as a potentially important cultural influence on health and safety during the early stages of the research, although it was not originally identified in the project brief.

about the risks it seeks to manage; hesitate to seek to manage voluntary risks taken by adults (i.e. safety that is imposed can be resented as strongly as risks that are imposed); and avoid the costs of excessive risk aversion. The authors indicate that “effective regulation requires gaining and maintaining the trust of the regulated. They must believe in the rightness of what is required of them” (*op cit* p. 10) and that HSE needs to become an “insightful hierarchist” and engage with divergent perspectives in a “mutually comprehending dialogue”.

The study by Adams and Thompson is largely concerned with wider societal perceptions of risk and particularly those risks which are more uncertain in nature (“virtual risks”), rather than occupational health and safety. Although they offer a useful framework for understanding diverse responses to risk, there is a need to take note of the particular history and character of occupational health and safety regulation in the UK. For instance, the Factory Inspectorate/the HSE has always sought to follow an approach similar to that recommended by Adams and Thompson of ‘balancing’ different societal pressures. In this respect a primary concern has been to defend minimum standards in a context where there are power imbalances affecting the ability of employees to effect change and incentives for employers to under-invest in health and safety protection. It has been argued by some commentators, however, that a combination of political pressures and long standing resource constraints have led to a regulatory regime that particularly favours employers (e.g. see Dawson *et al* 1988; Bain 1997; James & Walters 1999). The role of the HSE will be further addressed towards the end of this section.

1.2.4 Small business cultures

As well as the resource constraints facing small businesses previously referred to there are other important characteristics of such enterprises which may affect attitudes and behaviour towards health and safety. In this respect a stylized cultural position associated with entrepreneurship was identified in the previous section. Research on small businesses, however, reveals the difficulty of categorising small business owners, reflecting the heterogeneity of the small business sector, as well as a tendency over time, for small business owners to be drawn from an increasingly broad cross-section of society. Self-employment and small business, furthermore, offer opportunities for those who for a variety of reasons may be disadvantaged in the pursuit of more conventional careers within the more hierarchical structures of large scale organisations (Burrows 1991). Hence entrepreneurship and small scale business ownership often attracts women and members of ethnic minorities who feel that they are unlikely to achieve occupational success through more traditional career routes due to reasons of prejudice, discrimination and social disadvantage (Goffee & Scase 1985).

Values and preferences associated with small business/entrepreneurship are generally seen in terms of: a preference for autonomy, more informal approaches to management than is the case in larger businesses, and an antipathy to government intervention, particularly in the form of regulation. Small business owner/managers have thus been characterised as having a “fortress enterprise” mentality (Curran *et al* 1993) which tends to make them suspicious of external agencies, particularly in areas such as health and safety which are often associated with external interference in their affairs and punishment (Rigby & Lawlor 2001).

Another factor of particular relevance is the nature of the relationship between employers and employees, which in small enterprises is likely to be closer and more direct than is the case in larger businesses and with less sophisticated personnel systems such as performance appraisal, incentive pay systems and also representative structures. With regard to the latter point, evidence from the 1996 Workplace Employee Relations Survey indicates that employees in small businesses were less likely to be involved in decision making than employees in large

workplaces, with small business owner/managers generally seeing themselves as best placed to make decisions about the workplace (Cully *et al* 1999, ch. 11). In terms of health and safety issues, however, some writers have suggested that these are often treated as an individual rather than a corporate responsibility (Rigby & Lawlor 2001).

One of the key factors influencing the distinctiveness of the management culture in small businesses is the coalescence of ownership and management that is typical. It means that the attitudes and traits of owner/managers can have a considerable influence on the culture of the organisation. An extension of this can be found in family businesses, where family values and priorities can impact on the business. Whilst this offers some potential advantages, family involvement can also work against a more professional approach to management and foster nepotism, rigidity, and family conflict and feuding in the workplace (Burns 2001 ch. 13). Another 'cultural' characteristic that can be found in some small businesses is a paternalistic approach to employee relations, which involves the workforce being viewed as an extended family, with relationships cemented by trust, loyalty and 'caring and sharing', at least as the owner is concerned. It is also worth noting that these qualities can be particularly reinforced where strong religious ethics are also involved, as is not uncommon in family businesses and some EMBs.

Also of relevance are findings from a number of sources relating to 'quality of working life' and the nature of industrial relations in small enterprises. Much of the literature has tended to view small businesses from polarised perspectives: 'small is beautiful' or 'bleak houses' (see Wilkinson 1999 for a review)⁴. A recent contribution from Barrett and Rainnie (2002) has challenged such stereotypes and the extent to which they over emphasise business size as a determinant. Of particular relevance to the current study, however, are findings that indicate that a significantly greater proportion of employees in small businesses express high or very high levels of job satisfaction (Cully *et al* 1999) and that occupational stress is more often reported in large businesses and organisations (Smith *et al* 2000a & b).

Finally, it is worth briefly noting here the findings of other recent studies commissioned by HSE relating to the characteristics of small businesses and the implications they have for how health and safety messages are communicated. The study by Briggs and Crumby (2000) which focused on risks posed by chemical products, confirmed that 'verbal' rather than 'written' culture predominates in the types of small businesses investigated, and that the level of reading ability amongst those working in such businesses was typically poor.⁵ Other HSE research has also shown, for example, that the percentage of small businesses taking action on health and safety is markedly lower as a result of mailshots (9%) than for face to face contact techniques employed by HSE inspectors – such as seminars (47%) and inspection (43%) (Rakel *et al*. 1999). These and other studies clearly have important implications in terms of how health and safety messages are best communicated, emphasising the particular importance of direct, personal contact.

1.2.5 Sectoral influences

Given the significant differences in terms of data on fatal and major injury rates between sectors (Table 1.1) there is a particular need to take account of the role of sectoral influences.

⁴ It is interesting to note that some of the alleged disadvantages of small enterprises have been used in the past to justify an industrial strategy focused on medium and large scale establishments, with the addition of smaller establishments where co-operatives, community enterprises, ethnic minority businesses and certain sectors are concerned (GLC 1983).

⁵ The study involved 521 face to face interviews within 305 small enterprises across five sectors: women's hairdressers, dry cleaners, electroplaters, woodyards and garages.

Construction is clearly a high risk sector, followed by manufacturing; while retail and hospitality are relatively low risk. Although these differences may largely be a function of the nature of the activities involved (notably in terms of processes and technology and associated hazards) sectors themselves are constituted of a bundle of characteristics, including the size distribution of businesses within the sector, the nature of competition and market relations and the institutional arrangements by which the industry is regulated (including barriers to entry, skill levels, and other regulatory arrangements). Variety within sectors is another factor militating against an overly reductive approach to understanding sector as a ‘determinant’ in and of itself.

Table 1.1 Fatal and major injury rates for different industrial sectors, 2000/01

<i>Standard Industrial Classification (SIC92)</i>		<i>Rate per 100,000 employees</i>
01,02,05	Agriculture, forestry and fishing (a)	211.6
10-14, 40/41	Extractive and utility supply industries	252.3
15-37	Manufacturing	193.2
15/16	- food products, beverages and tobacco	278.0
17/18	- textiles and textile products	104.3
45	Construction	384.8
50-99	Total Service Industries	72.4
50-52	- wholesale, retail trade, and repairs	63.2
55	- hotels and restaurants	42.6
1-99	All industries	108.1

Note: (a) excludes sea fishing

Source: Health and Safety Statistics 2001/01, HSE 2002 – figures are provisional

The role of sector also needs to be seen in relation to the tendency for EMBs to be concentrated in particular sectors (e.g. Indian, Pakistani and Bangladeshi businesses in the clothing and restaurant sectors, Chinese in restaurants and catering, African and Caribbean businesses in construction and personal services). This suggests that a key methodological issue is the need to control for sector in order to identify the extent to which other cultural factors (notably ethnicity) are important explanatory variables for attitudes and approaches to health and safety in small and micro-enterprises.

Sectoral influences can be more readily appreciated as having a cultural dimension when national comparisons are made.⁶ Sharp differences are often apparent in how sectors/industries are constituted in different national contexts. For instance, Clarke and Herrmann (2003) contrast the construction sector in the UK with that in Germany in terms of different institutional arrangements that affect different skill formations and the nature of innovation, with associated implications for health and safety (see also Arkani *et al* 2002).

⁶ Note, however, that it is difficult to make meaningful statistical cross-national comparisons of data on injuries and fatalities due to differences in how data is collected and under-reporting which can vary considerably between nation states.

1.2.6 Regulatory cultures and other government policy

One of the aims of the study is to assess the impact of cultural influences on employer/employee expectations of the HSE. Of particular relevance here is the style of regulation and how the regulations are enforced in a UK context. Regulation involves the setting and enforcing of basic minimum standards with which industry must comply. The UK health and safety legislation is characterised by an approach which promotes self-regulation on the part of businesses, in consultation with employees, by setting goal-oriented duties. It has been argued that this approach disadvantages small businesses, who would prefer the clearer guidance of a more prescriptive approach.⁷ With respect to enforcement, inspection practice has, since the inception of the 1883 Factory Act, typically emphasised negotiation and persuasion as the best means of achieving the objectives of the legislation. By contrast, for instance, the OSHA in the USA has in the past had greater ‘adversarial’ independence. In this respect Dawson *et al* (1988) suggest that given the climate of deregulation in the UK since the early 1980s and associated resource constraints affecting regulatory bodies, the consensual approach is more likely to be successful.

Of particular relevance to the current study is the relationship between regulatory policy and enterprise policy, including in terms of how the former impacts on small businesses in particular. In this respect, Freeman and Ogelman (2000 p.109) point out that entrepreneurs who survive by discovering and exploiting particular niches of opportunity in the market system are more likely than other members of society to test the limits of state regulation that impede short-term profit maximisation. Furthermore, Raes (2000) relates the example of how during the 1980s the municipal authorities in Amsterdam took the decision to safeguard the employment of lower-class immigrants by turning a blind eye to illegal practices in the clothing industry. A ‘harder line’ was subsequently adopted in the 1990s through a task force of law enforcement agencies; this action contributed in part to a decline in the number of small immigrant businesses in this sector.

In the UK in recent years encouraging entrepreneurship, start-ups and small business has clearly been an important strand to government enterprise policy, particularly with respect to encouraging regeneration and employment in deprived regions and communities. Two questions which might be raised from a health and safety point of view are: (a) the extent to which start-ups and small businesses which find it difficult to support good working environments are being encouraged⁸ and (b) the extent to which health and safety policy is integrated with mainstream enterprise support policy, which is a stated objective of the HSE Small Businesses Strategy.

1.2.7 Summary of the role of cultural and other influences

The discussion so far has identified the most relevant cultural influences on perceptions of risk and health and safety management in small businesses and conceptual approaches to understanding those influences. A particularly important point to emphasise, however, is the extent to which individual behaviour and cultural influences are shaped by other contextual and structural factors.

In order to better understand health and safety outcomes in enterprises there is a need to take account of the full range of influences and to order and prioritise them as far as this is possible, while

⁷ HSC Review of Regulations, 1994.

⁸ And the extent to which the ‘social judgement’ involved in such a policy trade-off is explicit or more implicit and disguised. For some recent critical evaluation of UK enterprise policy see Curran 2000; Curran & Storey 2002).

avoiding crude stereotypes and determinism.⁹ As an initial approach, influences can be divided into those which are external to the business (e.g. nature of the market, regulatory pressures, supply chain influences and other government policy) and influences which are more related to the characteristics of the business (e.g. size, nature of processes involved, management structure, extent of workforce consultation, and the more personal values and attributes of people within the business including cultural characteristics). Hence there is a need to accommodate small business heterogeneity, to take account of the range of effects (not simply enterprise size) as well as the interactive relationship between the business and its characteristics and context.

1.3 METHODOLOGY USED FOR THE STUDY

The sources of empirical data for the project are a telephone survey of over one thousand small businesses and a series of face-to-face interviews with managers, employees, intermediaries and health and safety inspectors. The telephone survey of 1087 small businesses, was conducted during the period November - February 2001/02. The sampling strategy for the survey was designed to represent seven minority ethnic groups and a white 'control' group, which was broadly matched by size and sector. A profile of the characteristics of the main minority ethnic groups included in the study is provided in Appendix 1 (p.119). The sectors represented are manufacturing (food processing and clothing), construction, health and personal services, retailing and hospitality. With respect to location, the target was that no more than 50% of businesses should be located in London; in fact 49% of EMBs and 50% of the white control were found in London. The bulk of the remainder of the sample is located in Birmingham and the Midlands (35% of all businesses). Small businesses are defined as consisting of less than 50 employees, microenterprises as less than 10.

The telephone survey interviews were conducted with the owner/manager or, in a few cases, with a manager to whom responsibility for health and safety had been delegated. The questionnaire utilised was designed to gather data under the following main categories:

- profile data on the business and the main owner/manager;
- attitudes to and awareness of the regulations;
- sources of information and/or advice on health and safety utilised and experiences in this respect;
- who responsible for health and safety within the business, including any workforce representation;
- policy, training and other health and safety actions;
- whether the business had been visited by a health and safety inspector and experiences in this respect.

Bilingual telephone interviewers were used in order to minimise the risk of employers with low English skills being excluded by the telephone methodology. In practice, however, only a small number of interviews (3%) were conducted in languages other than English (mainly Chinese [i.e. Cantonese] and some in Punjabi).

Analysis of the telephone survey data was conducted in order to examine variations in response according to business size, sector, ethnic group and a number of other variables.

⁹ See Wilkinson 1999 and Barret & Rainnie 2002 with regard to employment relations in small enterprises.

The face-to-face interviews were conducted in order to follow up in greater depth on the main issues with managers in small businesses (73 interviews) and employees (21). Key informant interviews were held with intermediaries (mainly providers of support to EMBs – 12 interviews), health and safety inspectors (12) and trade union representatives (2). Most of these interviews were tape recorded and selectively transcribed. These sources of qualitative data are used to help explain the patterns revealed by the survey data and the attitudes and behaviours of the actors concerned. Further details on the methodology are given at the beginning of the relevant chapters and appendices.

2 EVIDENCE FROM THE SURVEY

2.1 INTRODUCTION

This chapter presents the main findings from a large scale survey of 1087 enterprises, conducted during the period November 2001- February 2002. The survey included businesses drawn from seven ethnic minority groups (i.e. Indian, Pakistani, Bangladeshi, Chinese, African-Caribbean, Greek and Turkish), and a white-owned control group. The latter was broadly matched by size and sector (see Appendix 2, p.123). The survey sample was also geographically spread, with 49% of EMBs in London, with most of the rest drawn from the Midlands. For the purpose of this study, an EMB is defined as a business where a majority of the ownership is represented by members of one of the targeted ethnic minority groups.

Following a summary profile of the main characteristics of surveyed businesses, the rest of the chapter reports firstly on the attitudes towards and behaviour with respect to health and safety legislation by surveyed businesses; and secondly, on their health and safety management practices. In the first case, issues investigated include the nature and extent of their awareness and knowledge of the legislation; the experience of respondents with respect to inspection visits; and the use of external sources of information and advice with regard to health and safety. In the second case, specific issues investigated include the nature and extent to which managerial responsibility for health and safety can be identified in surveyed businesses; the extent to which managers have received training in health and safety management issues; the extent to which businesses have employee safety representatives; the extent to which businesses have written health and safety policies; reported measures designed to improve health and safety; and finally, the views of business owners/managers¹⁰ concerning the potential financial benefits of investing in health and safety.

2.2 PROFILE CHARACTERISTICS OF SURVEYED BUSINESSES AND THEIR OWNERS

This section summarises some of the main profile characteristics of surveyed businesses and their owners, which have potential implications for their attitudes and behaviour with respect to health and safety. Although some of these characteristics (such as size and sector) are a direct result of the sampling design, all those listed have potential implications for the survey findings.

2.2.1 Characteristics of enterprises

- A majority of surveyed businesses are microenterprises, employing less than 10 people, which is a consistently reported characteristic of EMBs that has implications for their behaviour patterns and support needs. Surveyed businesses are drawn from a broad range of sectors, chosen to reflect the main areas of EMB activity. The main sector groups include manufacturing, construction, health and personal services, retail and hospitality.
- The majority of surveyed businesses are established enterprises, with 59% having traded for 10 years or more.

¹⁰ Interviewees were either owner/managers or senior managers in surveyed businesses.

- Whilst almost two-thirds of surveyed businesses reported profits in the previous financial year, less than half experienced sales growth. EMBs performed less well than their white counterparts on both counts, as did microenterprises compared with small businesses.
- A higher proportion of EMBs made use of family labour than white-owned businesses. This was highest among Greek and Pakistani-owned businesses and particularly common in the retail sector.
- Although IT use varied between sector and business size groups, EMBs were less likely to be computer users than their white counterparts. This is a potentially important characteristic since the Internet is one of the possible sources of information about health and safety issues for small businesses.
- Membership of a trade or business association is another potential mechanism for accessing health and safety information. In this context, just over one quarter of surveyed businesses held such a membership, with a higher propensity recorded by larger businesses; those in the manufacturing and construction sectors; and by white compared with EMB owned businesses.

2.2.1.1 Size

A majority of surveyed businesses are microenterprises, employing less than 10 people. Although the original target was to survey an equal number of microenterprises (1-9 employees) and small businesses (10-49), in practice this proved impossible to achieve in all EMB groups. In fact, 84% of all surveyed businesses are microenterprises, which is a consistently reported characteristic of EMBs in previous literature (Ram & Jones 1998; Ram & Smallbone 2001). Size is an important feature, since it has implications for the behaviour patterns of businesses. Distinctive, and typically informal, management approaches, combined with resource constraints contribute to microenterprises being a 'difficult to reach' group for support agencies and for the HSE, although it might be argued that the latter have an advantage in this regard over mainstream business support agencies because of their statutory role. Once enterprises grow beyond the 20 employee threshold, the emergence of a degree of managerial division of labour is more typical, and evidence of 'professionalised' management more common.

2.2.1.2. Sector

Surveyed businesses are drawn from a broad range of sectors, chosen to reflect the main areas of EMB activity. Although a result of the sampling design, the sectoral mix of businesses is an important potential influence on attitudes and behaviour with respect to health and safety for a number of reasons. These include sectoral variations in the nature and extent of competitive and regulatory pressures and in the types of supply chain relationships, which can impact upon health and safety management in the business. The survey includes businesses drawn from five broad sectors, namely manufacturing, construction, health and personal services, retail and hospitality.

2.2.1.3 Age of business

The majority of surveyed businesses are established enterprises, with 59% having traded for 10 years or more and one in five for less than five years (see Table 2.1). This is not necessarily

representative of the age profile of EMBs or other small enterprises, since there is a tendency for the data sources used to extract the survey sample to under-represent the number of very young businesses. There is no significant difference between EMBs, as a group and the white control group with respect to the age of business.

2.2.1.4 Performance

Measuring performance in small businesses is notoriously difficult because of the need to rely on self-reported data, often over a short period of time. Nevertheless, some attempt to distinguish between businesses on the basis of their performance is necessary in order to examine possible relationships between health and safety practices and business performance. Two business performance indicators were chosen for inclusion in the survey: firstly, respondents were asked how the value of sales turnover during the last financial year compared to the previous year's performance; secondly, whether or not their enterprises had been profitable, loss-making or had broken even during the previous year.

Table 2.1 Characteristics of surveyed businesses

	<i>EMBs</i>		<i>White control</i>		<i>Total</i>	
	Count	%	Count	%	Count	%
<i>Age of business</i>						
<5 years	169	21	36	17	205	20
5-9 years	171	21	46	21	217	21
10-19 years	261	32	63	29	324	31
20+ years	223	27	73	34	296	28
<i>Membership of Associations</i>						
Trade/business association	203	24	91	40	294	28
<i>Computers</i>						
Use a computer	434	51	168	74	602	55
<i>Last financial year</i>						
Sales growth	208	42	84	59	292	46
Stable sales	188	38	38	27	226	35
Declining sales	104	21	20	14	124	19
Profit	350	58	136	79	486	62
Breakeven	181	30	20	12	201	26
Loss	77	13	16	9	93	12
<i>Ethnic to ethnic trade</i>						
100% ethnic trade	58	8	N/A	N/A	58	8
50-99%	287	41	N/A	N/A	287	41
1-49%	319	46	N/A	N/A	319	46
0%	34	5	N/A	N/A	34	5
<i>Family Workforce</i>						
100% family workforce	91	11	12	5	103	10
50-99%	119	14	24	11	143	14
1-49%	229	17	50	23	279	26
0%	396	47	135	61	531	50

Note: Only 642 respondents to sales turnover question; 780 respondents to profitability question; 700 respondents to ethnicity of trade question; 1056 respondents to family workforce question.

The results show that 46% of all surveyed businesses reported sales growth, 19% declining sales, with 35% stable. EMBs appear to have performed less well than their white control counterparts, both in relation to the smaller proportion exhibiting sales turnover growth (42% compared with

59%) and the higher proportion exhibiting declining sales (21% compared to 14%) (0.001 level). Moreover, none of the ethnic groups performed as well as the white control group.

Business size appeared to be a key characteristic associated with a high propensity to report sales growth: 68% of businesses employing 20 or more staff compared with just 39% of those employing less than five. There was more variation between ethnic groups than between sector groups, in this regard, with Pakistani businesses at one extreme (55%) and Turkish (24%), ACB (27%) and Indian businesses (29%) at the other.

Similar differences were reported with regard to profitability during the previous financial year. A majority (62%) of responding businesses (n=780)¹¹ reported profits in that year, 12%, losses and the remaining 35% break even. The propensity to report profits was higher among larger businesses in the sample (20 or more employees), but also varied between sectors: retail businesses appeared to experience the best performance in terms of propensity to generate profits and manufacturing the worst. As in the case of reported sales growth, EMBs again appear to have performed significantly worse than their white control counterparts, with a smaller proportion exhibiting a profit (58% compared with 79%) and a higher proportion experiencing a loss (13% compared to 9%) (0.001 level). The poorer reported performance of EMBs (as a group) compared with similar white owned businesses, was found in another recent study (Ram *et al* 2002).

2.2.1.5 Use of family labour

Previous literature has drawn attention to the propensity of EMBs to employ family labour, which could have some influence on attitudes towards health and safety issues. Our survey results confirm this, since EMBs were significantly more likely to report using some family labour than their white counterparts (53% and 39% respectively) (0.001 level). Moreover, more than twice as many EMBs (11%) were totally staffed by family members compared with the white control (5%).

Family labour was most prevalent amongst the Greek (62%), Pakistani (60%) and Indian (57%) owned businesses and least reported amongst the ACB and Bangladeshi owned businesses (both 40%). Sectoral analysis indicates that retail is the most family oriented activity with two-thirds of surveyed businesses employing some family staff, followed by manufacturing (60%), and with health services (25%) being the sector least likely to employ family staff.

2.2.1.7 Use of ICT

A number of previous studies have drawn attention to the low propensity of EMBs to use ICT (e.g. Foley & Ram 2002), which is potentially important in the current study since the Internet is one of the possible sources of information about health and safety issues for small businesses, where management time is often at a premium. The nature and extent of ICT use can also be a useful indicator of the approach to management in a small business.

Just over half (55%) of all surveyed businesses use a computer, for some purpose, in the running of the business, although computer use varied significantly between business size groups: from 91% of businesses employing 20 or more; 70% of those employing 10-19; to 49% of microenterprises (0.001 level). Approximately three quarters of computer-using businesses were using this facility for Email and Internet access. Once again, size was a distinguishing

¹¹ Approximately three quarters of respondents were willing to answer this question.

characteristic, with businesses employing 20 or more staff showing a higher propensity to use ICT for higher order uses than smaller enterprises.

EMBs were significantly less likely to be computer users (51%) than their white control counterparts (74%) (0.001 level). Computer use was highest in construction¹² (83%); manufacturing and health services (both 67%) compared with 45% in retail and 41% in the hospitality sectors. Although the use of computers by ethnic groups was strongly related to sectoral clustering, Bangladeshi businesses exhibited particularly low levels of computer use (20%), followed by Pakistani owned businesses (43%). Indeed, just 7% of Bangladeshi and 29% (8/28 cases) of Pakistani owned businesses in the hospitality sector use computers, compared to the EMB sector average of around 40%. All other ethnic groups exhibited more than half of the surveyed businesses using computers, with the highest proportional use recorded amongst ACBs (66%).

2.2.1.8. Membership of trade and/or business associations

Respondents were also asked if they were currently members of a trade or business organisation, since this is one of the potential mechanisms for the dissemination of health and safety information. Just over one quarter (28%) of all surveyed enterprises were members of trade or other types of business associations, with the white control enterprises (40%) being significantly more likely to have membership than the EMBs (24%) (0.001 level). However, there were also a significant difference between ethnic minority groups in this regard (0.001 level), varying from Indian (36%) and ACB (34%) on the one hand, to Pakistani and Greek (21% each), Chinese (19%), Turkish (18%) and Bangladeshi owned businesses with just 12% on the other. Membership was highest in construction (50%), followed by manufacturing (41%) and lowest in hospitality (16%). Unsurprisingly, the propensity to be members of some form of business organisation varies significantly between business size groups, with businesses employing 20 or more staff being more likely to hold membership than smaller businesses: 43% compared with 37% of businesses employing 10-19 and 25% of microenterprises (0.001 level).

Among those businesses that were members of some form of business organisation, the most commonly reported were sector based associations (61%), followed by Chambers of Commerce (29%). Other membership organisations were mentioned by very few respondents: the Federation of Small Business (FSB) (4% of those reporting membership of some business organisation); only 6% of EMBs reporting some membership in the case of ethnic business associations (1.2% of the total number of EMBs surveyed).

2.2.2. Characteristics of owner/managers

- Approximately one in five EMB owners were born in the UK, which might be expected to contribute to different attitudes and management behaviour, compared with first generation migrants. The proportion was higher among Pakistani and ACB groups and lower among Chinese and Turkish.
- Although the difference is not statistically significant, EMB owners were typically younger than their white counterparts.

¹² It should be noted that construction contains a wide range of activities including professional services such as engineering and design.

- The vast majority of all surveyed businesses were solely owned and managed by men, although there were marked variations between sectors.
- Whilst only a minority of all surveyed managers had some form of management training and/or qualifications, EMB respondents exhibit lower levels of training and experience than their white counterparts.

Apart from the characteristics of enterprises themselves, the characteristics and background of owners and managers are another potential influence on health and safety practices and behaviour in surveyed businesses. This is particularly relevant in the current study, since distinctive management characteristics of small businesses identified in previous literature, such as organisational culture (Smallbone & Wyr 2000) and management style (Bolton Committee 1971) have particular importance for the nature of employer-employee relations. This often reflects the owner/manager's attitude and behaviour because of the high level of overlap between ownership and management that is typical of small businesses. The main characteristics of surveyed business owners/managers are summarised in Table 2.2.

Table 2.2 Characteristics of surveyed owner/managers

	<i>EMBs</i>		<i>White control</i>		<i>Total</i>	
	Count	%	Count	%	Count	%
<i>Migrant status</i>						
First Generation	669	78	N/A	N/A	669	78
Second Generation	184	22	N/A	N/A	184	22
<i>Age</i>						
<30 years	114	14	23	11	137	13
30-45 years	390	47	85	41	475	46
45+ years	332	40	100	48	432	41
<i>Gender</i>						
Male	722	84	164	73	886	82
Female	94	11	37	17	131	12
Co-owned	42	5	23	10	65	6
<i>Education</i>						
None	363	46	35	21	398	41
Educated below Degree	180	23	64	37	244	25
Degree level or above	249	31	72	42	321	34
<i>Management</i>						
Received training	223	26	78	38	301	29
Management qualification	157	19	54	27	211	20
Previously managed	290	34	86	43	376	36

2.2.2.1 Migrant status

Previous research has drawn attention to differences in the attitudes and behaviour between first and second-generation EMB owners, focusing particularly on the South Asian and Chinese communities. This is potentially important in the current study, since business owners that have been brought up and educated in a UK environment might be expected to have different attitudes and experiences to those of their parents. This is supported by some previous research, which has drawn attention to the higher propensity of second generation (South Asian) owners to proactively manage their businesses, with greater expressed interest in accessing advice and

assistance from mainstream business support agencies (CEEDR 2001). This might lead to an expectation that in the current project, second generation migrant owners/managers might be expected to have a greater awareness of health and safety regulations and a higher propensity to comply with them.

Just over one in five of all EMB respondents were born in the UK, which is a similar proportion to that reported in other similar CEEDR studies (e.g. Ram *et al*, 2002). However, there was considerable variation between ethnic minority groups, ranging from the Greek (32%), Pakistani (28%) and ACB (27%) groups, on the one hand, to the Chinese (16%) and Turkish (10%), on the other.

2.2.2.2 Age of business owner/managers

The survey sample contains a typical age spread for small business owners with the vast majority (87%) being age 30 or older and 41% aged over 45. EMBs have a younger age profile than the white control, with a slightly higher proportion of young owners/managers aged under 30 and a lower proportion of older owners/managers aged over 45 (see Table 2.2). Unsurprisingly, the younger EMB respondent group contains a much higher proportion of second generation owners/managers, with nearly half having been born in the UK. Sectoral analysis reveals that the youngest entrepreneurial age profile exists in the hospitality and retail sectors, where 18% are aged fewer than 30. Further analysis of the age of business owners among the EMB groups indicates that the highest proportions of young owners/managers aged under 30 are within the Turkish (22%), Pakistani and Bangladeshi (both 21%) groups, whilst the highest proportions of older owners/managers, aged over 45, are in the Greek (56%) and Indian (46%) groups.

2.2.2.3 Gender of business owner/managers

The vast majority of all surveyed businesses were solely owned and managed by men (82%), with 12% solely managed by women and a further 6% co-owned. EMBs were more skewed towards male ownership than the white control, with 84% solely male owned compared with 73% of the white control businesses and only 11% solely women owned compared to 17% of the control. Co-ownership was also lower among EMBs than in their white counterparts: 5% and 10% respectively.

The involvement of women in business ownership varied from just 4% in the construction sector and 12% in retail to 29% of businesses engaged in health services. In terms of ethnic minority groups, male ownership was highest in the Pakistani (95%), Bangladeshi (94%), Indian (92%) and Turkish groups (91%), whilst women's sole ownership was proportionally higher in the Chinese (30%) and ACB (26%) owned businesses, where it was significantly higher than in the white control group (17%). Co-ownership was highest amongst the Greek (14%) and Chinese (9%) businesses, particularly in the retail and catering sectors.

2.2.2.4 Education level

Previous research has suggested an association between the education level of business owners and their approach to management, with particular implications for their propensity to access business advice and support from external sources. The survey results in the current study showed a marked difference between EMBs and white owned businesses in their propensity to possess some formal educational qualifications: 54% and 79% respectively, as well as to be educated to degree level (31% and 42% respectively). At the same time, there were significant differences between EMB groups, with ACBs appearing the best educated: 74% had some form of formal

educational qualifications; one third had degree level qualifications. Indian and Chinese business owners were the next best educated among EMB groups, with Turkish owners showing the lowest propensity to report formal educational qualifications. Enterprises in retailing (54%) and hospitality (48%) were the most likely to be run by owners without any formal educational qualifications (54%) and hospitality (48%), compared with health and personal services where the figure was just 16%, and 66% of owners were degree level educated.

2.2.2.5 Management experience, training and qualifications

More than a quarter of all surveyed owner/managers reported receiving some form of management training; one fifth had gained some form of formal management qualification; and more than one third had some prior experience of running a business prior to managing their existing one. On each of these counts, EMB respondents exhibit significantly lower levels of management training and experience than their white counterparts (0.001, 0.05 and 0.05 respectively), which could have implications for their attitudes and behaviour with respect to health and safety management.

Formal management training was most commonly reported by ACB owners (43%), with Pakistani and Indian (both 21%) respondents least likely to report this. ACBs also had the highest propensity to possess formal management qualifications (30%), followed by the Chinese (21%), compared with South Asian respondents at the other extreme (14% in the case of both Indian and Bangladeshi). Sectoral analysis revealed that retail businesses (21%) had the lowest propensity to be run by owners/managers with formal management training and hospitality the highest propensity (35%). Similarly, with respect to formal management qualifications, hospitality (27%) and manufacturing (26%) exhibited the highest levels with retail and construction (both 13%) the lowest.

With regard to previous management experience, Turkish (44%) respondents exhibited the highest proportion, followed by ACBs (39%), whilst Indian (29%) and Chinese (30%) owner/managers showed the lowest propensities. Sectoral analysis indicates that hospitality (43%) and manufacturing (42%) had the highest proportions of respondents with previous management experience, whilst health services had the lowest proportion (24%).

2.3 AWARENESS OF AND ATTITUDES TOWARDS HEALTH AND SAFETY LEGISLATION

2.3.1 Awareness of health and safety legislation

- The survey results reveal a low level of awareness of specific health and safety legislation relevant to their businesses. Even in relatively high risk sectors, such as construction, only about half the businesses were able to name health and safety legislation that applied to their businesses.
- The characteristics of businesses where knowledge of relevant health and safety legislation was more commonly reported included larger size (i.e. more than five workers), white or Chinese ownership, women owners, a trained manager within the business (particularly among EMBs) and the use of IT for some purpose.

- The most frequently identified piece of legislation was the Health and Safety at Work (HSW) Act 1974, although only by a quarter of all surveyed businesses.

In order to assess the extent to which the owner/managers of surveyed businesses were knowledgeable of relevant health and safety legislation, all respondents were asked, unprompted, to identify the main pieces of legislation that applied to their business. An awareness of the existence of the legislation, together with which aspect of health and safety it applied to (rather than necessarily the precise title and date) was considered sufficient for a positive identification to be recorded.

The results confirm findings from previous research in showing a very low level of awareness of relevant health and safety legislation, with 63% of respondents unable to identify any health and safety legislation affecting their business. Not surprisingly perhaps, awareness of health and safety legislation was significantly higher among larger enterprises in the sample than in smaller businesses. For example, 35% of businesses with less than five staff referred to at least one piece of health and safety legislation compared with 42% of businesses with five or more (0.01 level). It was also higher in the construction industry (53%), which is a higher risk activity, than in the other sectors, where between 31% and 38% of respondents did so.

Even allowing for the fact that very small enterprises with less than 5 employees have limited exemption from some legislative requirements (e.g. written health and safety policy and a written record of health and safety risk assessment), the level of awareness is very low. For example, if businesses in this size group are excluded, less than half of businesses employing five or more were able to identify any specific health and safety legislation.

Table 2.3 Businesses able to identify relevant health and safety regulations
(EMBs and white-owned businesses by sector and size group)

<i>Sector</i>	<i>EMBs</i>		<i>White control</i>		<i>Total</i>		<i>Base</i>
	No	%	No	%	No	%	
Manufacturing	56	39	12	33	68	38	179
Construction	45	50	15	63	60	53	114
Health	45	30	15	36	60	31	192
Retail	64	32**	27	53	91	36	250
Hospitality	94	34	34	45	128	36	352
Total	304	35	103	45	407	37	1087
<5 employees	167	34	41	38	208	35	601
5+ employees	134	38	62	53**	196	42	469

Note: **Significant at 0.01 level

There are 17 missing cases from the business size data because of the absence of employment figures for these businesses.

As Table 2.3 shows, EMB owners/managers were less likely to be able to identify relevant health and safety legislation than white owned businesses, although the difference was not statistically significant. However, there was significant variation between EMB groups (0.001 level). Chinese owner/managers (63%) were the most likely to identify relevant health and safety regulations, followed by Turkish (45%), Greek (43%) and ACBs (41%), while South Asian owner/managers were the least likely to mention this type of legislation (Pakistani 17%, Bangladeshi 20% and Indian 28%).

Characteristics of owners/managers that appeared to influence the propensity of respondents to identify specific health and safety legislation were gender, since women were significantly more likely to identify such legislation than men, among both EMBs and white control businesses; and management training, among EMBs, where trained owners/managers were significantly more likely to identify specific health and safety legislation than untrained owners/managers.

IT use within the business is another factor associated with the propensity of EMBs to be able to identify relevant health and safety legislation: 43% compared with 28% of businesses without a PC; and 46% of businesses using the Internet compared with 33% of those not using it (although the latter is not significant at the 0.05 level). One interpretation is that the ability to identify relevant health and safety legislation is associated with characteristics that reflect a more modern and systematic approach to business management. However, IT use was not a discriminating factor among white control businesses, probably because of their higher overall propensity to use IT, compared with EMBs.

More detailed analysis reveals a sub-group of owners/managers that were more knowledgeable than the rest, since 19% were able to identify more than one piece of health and safety legislation, relevant to their business. Although there was no difference between EMBs as a group and white-owned businesses in their propensity to feature in this group, in many other respects, the characteristics of this subset of businesses reflected those associated with the identification of at least one piece of relevant health and safety legislation, particularly with regard to variations between sectors and between EMB groups. Once again, women owners/managers were significantly more likely than men to mention more than one piece of health and safety legislation (27% compared to 17%) (0.05 level).

The most frequently identified piece of legislation was the Health and Safety at Work (HSW) Act 1974, although only by a quarter of all surveyed businesses. This was followed by the Health and Safety (First Aid) Regulations (10% of businesses), the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992 (6% of businesses), and the Employers' Liability (Compulsory Insurance Regulations) 1989 (5% of businesses). Clearly, the levels of awareness identified are extremely low. Again, while there is little difference between all EMBs and the white control group, there are significant variations between ethnic groups, notably that Chinese businesses display a substantially higher level of awareness than any other ethnic group, including white/UK origin businesses (40% in the case of the HSW Act).

At the same time, it should be noted that whilst businesses may have a low level of awareness of relevant regulations, this does not necessarily mean that they operate poor environments in health and safety terms. This is supported by that fact that a number of inspectors that were interviewed reported that some businesses displaying a poor awareness of legislation, and/or failings in terms of paperwork and formal systems, were judged to be adequate, or even good, in terms of health, safety and welfare provision. Surprisingly, however, businesses that had been visited by a health and safety inspector were no more likely to be able to identify specific health and safety legislation relevant to their business than other businesses.

Further insight into the limited awareness of specific health and safety legislation, revealed by the survey, can be obtained from the follow-up interviews with owners/managers who had also participated in the survey. These interviews showed that some managers had greater awareness of the key requirements of legislation as they applied to their businesses, although the same interviewees did not necessarily identify any specific legislation. In such cases it appeared that specific requirements had been drawn to the attention of managers by an external party, usually

an inspector or large customer business. This suggests that some small businesses subject to some external intervention develop some awareness of the main requirements of the legislation, even though they may not be able to identify the relevant specific legislation (see section 3.2).

2.3.2 Compliance issues with respect to health and safety legislation

- Less than 10% of surveyed businesses reported difficulties in complying with health and safety legislation, although this partly reflects the low level of awareness of relevant legislation.
- Where difficulties were reported, EMBs were much more likely to refer to a lack of clarity in the regulations than their white-owned counterparts.
- Approximately three-quarters of surveyed businesses reported being inspected by health and safety inspectors, one third of which were required to take actions following the visits. However, only a minority reported difficulties in meeting inspector's requirements.
- Although businesses experiencing inspection visits were more likely to complain that health and safety regulations were too burdensome for various reasons, the survey results suggest that overall inspectors are adopting a predominantly persuasive and educative approach, using enforcement actions only as a last resort.

2.3.2.1 Reported difficulties in complying with legislation

All interviewees were asked if they had experienced any difficulty in meeting the requirements of health and safety legislation. As Table 2.4 shows, compliance with legislative requirements is not seen as a problem by the vast majority of surveyed businesses, since 91% reported 'no difficulty' in meeting these requirements. Although there is some variation between sectors (e.g. more of a problem in construction), size and EMB groups, the overall conclusion is that compliance is not perceived to be a major issue by surveyed businesses.

In view of the low level of awareness of health and safety legislation reported, it is perhaps not surprising that only a small minority of respondents (9%) mentioned experiencing difficulties in meeting the requirements of health and safety regulations, although the results may also be influenced by the fact that respondents did not want to show themselves in a bad light in a telephone interview.

Where difficulties were reported, the main reasons given were that legislation was unclear; lack of management time; financial cost of compliance; and a lack of health and safety expertise in the business. EMB respondents were twice as likely to complain about lack of clarity relating to health and safety regulations than their white control counterparts, particularly ACBs and Chinese owned businesses. In general, difficulties were more likely to be reported by groups exhibiting higher levels of health and safety regulation awareness.

The difficulties mentioned also varied considerably between sectors. For example, the cost of compliance was of particular concern to businesses in the health services sector; lack of management time being most apparent in manufacturing; lack of in-house health and safety expertise a more frequently mentioned issue in construction; and concerns over lack of clarity in

legislation most frequently mentioned in the hospitality sector, probably reflecting the influence of food hygiene legislation.

Table 2.4 Degree of difficulty reported in meeting the requirements of health and safety legislation (by ethnicity, sector and size group)

<i>Ethnic group</i>	<i>Some difficulty</i>		<i>Considerable difficulty</i>		<i>No difficulty</i>		<i>Group Total</i>
	Count	Row %	Count	Row %	Count	Row %	
ACB	13	12	2	2	91	86	106
Bangladeshi	5	5	2	2	99	94	106
Chinese	10	10	4	4	90	87	104
Indian	9	5	4	2	183	93	196
Pakistani	5	4	0	0	121	96	126
Turkish	8	7	2	2	108	92	118
Greek	8	8	4	4	87	88	99
All EMBs	58	7	18	2	779	91	855
White/UK	21	9	6	3	200	88	227
<i>Sector</i>							
Manufacturing	12	7	1	1	166	93	179
Construction	15	13	3	3	96	84	114
Health services	14	7	8	4	168	88	190
Retail	17	7	4	2	228	92	249
Hospitality	21	6	8	2	321	92	350
<i>Size</i>							
<5 employees	40	7	10	2	584	92	598
5+ employees	39	8	14	3	414	89	467
Group Total	79	7	24	2	979	91	1082

2.3.2.2 Experience of Inspection Visits

In view of the low level of expressed awareness of health and safety legislation, compliance might be expected to be related to the nature and extent of visits by inspectors. As a result, the survey sought to capture the experience of surveyed owners/managers with respect to inspection visits and the resultant outcomes. Inspection duties are shared between the Health and Safety Executive (HSE) and local authorities, with the HSE being responsible for inspecting higher risk activities, such as construction and manufacturing, and local authority inspectors being responsible for less risky activities (e.g. retail and hospitality). A complicating factor is that some activities (e.g. restaurants and food retailers) are also subject to the food hygiene regulations, which are the responsibility of local authority Environmental Health Officers. While some local authorities have separate inspection teams for food hygiene and for health and safety, others tend to combine the two functions. In terms of frequency of inspection, this can range from once every 5-7 years for businesses rated 'low risk' to annually for 'high risk' and food hygiene categories.

Respondents were asked if they had ever been visited by a health and safety inspector and, if so, what the outcome of the visit had been (Table 2.5). Nearly three-quarters of surveyed businesses had been visited by an inspector at some time, with larger businesses employing five or more staff being significantly more likely to report being visited than smaller businesses (0.01 level). The hospitality (mainly catering) sector exhibited by far the highest proportion of respondents recalling inspection visits (93%), although this finding is heavily influenced by food hygiene

inspections and the likelihood that food hygiene has been conflated with health and safety issues by respondents. There was little overall difference between EMBs and white-owned businesses in the propensity to report inspection visits: 74% and 72% respectively.

Table 2.5 Businesses reporting health and safety inspector visits

<i>Sector</i>	<i>EMBs</i>		<i>White control</i>		<i>Group Total</i>		
	Count	%	Count	%	Count	%	Base
Manufacturing	95	68	24	69	119	68	174
Construction	48	53*	6	25	54	47	114
Health	102	69	23	55	125	65	191
Retail	134	68	40	78	174	70	247
Hospitality	255	92	70	93	325	93	351
<i>Size</i>							
<5 employees	344	70	68	64	412	69	601
5+ employees	280	80	94	80	374	80	469
Total	635	74	163	72	797	74	1077

Notes: 10 missing sector cases and 17 missing size cases

**Significant at beyond 0.05 level*

In terms of outcomes, less than one third of inspected businesses were required to take actions as a result of visits by inspectors, the vast majority of which (over three-quarters) reported being able to undertake actions 'with ease'. ACBs (28%) were a sub-group reporting the most problems associated with inspections, compared with, for example, just 8% of the white control group. Variations between EMB groups in their propensity to report problems with inspection visits may reflect differences in attitudes towards authorities, which can also affect attitudes towards business support agencies (CEEDR). If so, it points to the importance of cultural sensitivity on the part of those responsible for implementing regulations.

Nevertheless, overall the reported experience with regard to visits by inspectors was positive. The picture that emerges is one where health and safety inspectors appear to adopt a predominantly persuasive and educative approach, using enforcement action, particularly prosecution, only as a last resort (see also section 4.4). This is an important message to be disseminated throughout the small business community, and particularly to the more difficult to reach groups, such as micro-enterprises and EMBs, since there is a tendency for the 'problem' cases to be those which receive the most attention.

Because of the potential impact of visits by inspectors on the attitudes and behaviour of businesses visited, a comparison has been undertaken between inspected and non-inspected businesses. Analysis shows that a visit by an inspector is associated with a higher propensity to assess health and safety improvements as being beneficial financially, but also a greater tendency for visited businesses to judge that health and safety regulations are too burdensome. However, when businesses employing less than five are excluded, inspected businesses were no more likely to have written health and safety policies, nor more likely to be able to identify relevant health and safety legislation than non-inspected businesses.

2.3.3 Attitudes expressed with respect to the current level of health and safety regulation

- Although a majority of respondents judged that the current level of health and safety regulation was too great, this appeared to be part of a wider view about the level of government regulation on business as a whole.
- Unlike other fields of regulation, EMBs (as a group) were significantly less likely to complain about the burden of health and safety legislation than white-owned businesses. However, there were also marked differences between EMB groups, with South Asian businesses demonstrating a higher propensity to complain, whilst Greek, ACBs and Chinese owned enterprises appeared broadly satisfied with the current regulatory level.
- Owners/managers in male owned businesses were more likely to assess health and safety regulation as being too great compared with their women-owned or co-owned counterparts.
- The use of IT by EMBs significantly reduced their propensity to report feeling over-regulated with respect to health and safety legislation. If IT use is taken as an indication of a more modern and systematic approach to management, then a perception of over-regulation is more common among businesses that are more conservatively managed, since such a response was more common among non-IT users.
- Businesses that had been visited by health and safety inspectors were significantly more likely to complain about the current level of health and safety legislation than non-inspected businesses.

As well as investigating the extent to which respondents were knowledgeable about health and safety legislation relevant to their businesses, the survey also sought to assess their attitudes towards the current level of regulation in this area. Respondents were asked if they agreed or disagreed with the statement: ‘the level of health and safety regulation on small business is too great’, on a scale from 1-5, where 1=strongly agree and 5=strongly disagree. The results are summarised in Table 2.6.

The results show that a majority of all respondents (64%) judged that the level of current regulation with respect to health and safety is too great; 37% strongly agreed with this statement. Apart from the construction industry, where respondents were more supportive of the current level of regulation, perhaps because the health and safety risks are higher, differences between sectors were small and not significant. There were larger differences between ethnic groups.

As Table 2.6 demonstrates, EMBs as a group had a significantly lower propensity to agree that the current level of health and safety regulation was too great, compared with white-owned businesses. In other words, EMBs are less concerned about the regulatory burden from health and safety legislation than their white counterparts or, at least, were less inclined to complain about it. At the same time, there were also marked differences between ethnic minority groups, with a polarisation between the South Asian groups (i.e. Pakistani, Indian and Bangladeshi) at one extreme, where at least three quarters of respondents appear to feel over-regulated, and Greek, African-Caribbean and Chinese on the other, where the majority of businesses appear satisfied with the current regulatory level. Interviews with key informants in EMB intermediaries indicate

that the higher propensity of South Asian respondents to feel over-regulated may partly reflect the difficulties experienced by some food and catering related businesses, in complying with food hygiene regulations (see Chapter 4).

Table 2.6 Manager's assessment of the current level of health and safety legislation

<i>Ethnic group</i>	<i>Agree</i>		<i>Neither agree nor Disagree</i>		<i>Disagree</i>		<i>Group Total</i>
	Count	Row %	Count	Row %	Count	Row %	
ACB	46	44	25	24	34	32	105
Bangladeshi	79	75	16	15	10	10	105
Chinese	39	37	36	35	29	28	104
Indian	144	75	26	14	20	11	190
Pakistani	102	81	15	12	9	7	126
Turkish	73	62	18	15	27	23	118
Greek	34	34	38	38	27	27	99
All EMBs	517	61	174	21	156	18	847
White/UK	164	73	35	16	25	11	224
Sector							
Manufacturing	112	63	27	15	40	22	179
Construction	61	56	30	27	19	17	110
Health services	113	61	44	24	27	15	184
Retail	163	65	46	18	40	16	249
Hospitality	233	67	62	18	55	16	350
Group Total	682	64	209	19	181	17	1071

Notes: (i) Managers were asked if they agree or disagreed with the statement: 'the level of health & safety regulation on small business is too great', on a scale where 1=strongly agree; 2=agree; 3=neither agree nor disagree; 4=disagree; 5=strongly disagree.

(ii) 16 missing cases

Although sectoral variations are small, apart from construction, when all respondents are considered together, some differences appear when EMB responses are compared with those of white owned businesses at a sectoral level. Table 2.7 shows that EMBs have a lower propensity to describe the current regulatory level as 'too great' in all sectors except for retailing. Moreover, the difference was particularly marked in the case of manufacturing and hospitality. The result in retailing is partly explained by the high level of involvement of South Asians in this sector.

Table 2.7 Manager's assessment of the current level of health and safety legislation: EMB compared with white-owned businesses by sector

<i>Sector</i>	<i>EMBs</i>		<i>White control</i>		<i>Total</i>
	Count	%	Count	%	
Manufacturing	82	58*	30	83	178
Construction	43	50	17	71	110
Health	86	60	27	69	184
Retail	134	68	28	55	249
Hospitality	172	62**	62	84	350

Note: *Significant at 0.05 level

**Significant at 0.01 level

No significant differences were apparent with respect to attitudes regarding the level of health and safety legislation between the different business size groups. Furthermore, no difference was

apparent between first and second generation EMB owner/managers responses. Management training and educational qualification levels also appear to make little impact on the responses provided. However, previous management experience in another company appears to engender greater hostility to the health and safety regulations: 70% compared with 58% of respondents without previous managerial experience (which is significant at the 0.01 level).

One of the characteristics of businesses where managers judged health and safety regulations to be too burdensome was that they were significantly more likely to have been visited by a health and safety inspector: 67% compared with 54% of non-inspected businesses (0.001 level). This applied to both EMBs (65% and 52%) (0.01 level) and to white control businesses (77% and 64%), although in the latter case the difference is not statistically significant at the 0.05 level.

Solely male owner/managed businesses were more likely to express a negative attitude towards the level of health and safety regulations (67%) compared to women owned or co-owned businesses (both 48%). Among EMBs, solely male owner/managed businesses were more likely to complain about health and safety legislation than businesses with women managers in each of the ethnic groups studied. Interestingly, EMB businesses with women managers (40%) were less likely to feel constrained than their white control counterparts with women managers (66%). Certainly, ethnicity appears to be an important source of variation in relation to attitudes to regulations, particularly when combined with gender. When analysis is focused on businesses where there is sole male ownership, Greek (36%), Chinese (42%), ACB (48%) and Turkish (63%) owners exhibit lower rates of dissatisfaction with the level of regulation than their white male counterparts (75%), with South Asian businesses exhibiting even higher propensities to complain: Indian (76%), Bangladeshi (78%) and Pakistani (82%).

Finally, the use of IT by EMBs significantly reduced the propensity of owners to report over-regulation, although this was not the case in the white control group. A similar finding was reported with respect to the ability of respondents to be able to identify specific health and safety legislation, relevant to their business. If IT use is taken as an indication of a more modern and systematic approach to management, then a perception of over-regulation is more common among businesses that are more conservatively managed.

In an attempt to benchmark the attitudes of respondents towards health and safety regulation, they were also asked to assess a similar statement in relation to employment, finance, customs and excise, planning, food hygiene, environmental legislation. In interpreting the findings, it is the relative assessment that should be highlighted, rather than over-emphasising the absolute figures. The results showed small but statistically insignificant variations in attitudes towards these different regulatory fields, with health and safety assessed midway between financial regulation at the top of the list and planning regulations at the bottom. However, the main point of interest emerging from this question was that health and safety was the only regulatory field where EMBs were significantly less likely to complain of over-regulation than white control businesses. It is also somewhat surprising that food hygiene does not stand out more, in view of the evidence that these regulations can be more problematic than health and safety for small hospitality and retail businesses. Perhaps this result helps to confirm the common tendency among small businesses to conflate these two fields of legislation.

However, the negative attitudes expressed in relation to the current level of health and safety regulation needs to be interpreted in the context of the low level of reported difficulties in meeting the requirements of current legislation (see section 2.3.2.1). There are a number of

possible explanations for these somewhat contradictory findings. Firstly, the apparent lack of difficulty on the part of most businesses in meeting the legislative requirements may be related to the approach adopted by inspectors, most of whom appear to emphasise education and persuasion, emphasising improvement actions. Such an interpretation is supported by other findings including, for instance, the relative ease of implementing the improvement actions required by inspectors. In addition, about a quarter of survey respondents had not experienced an inspection visit and therefore would not have encountered any difficulty as a result of any non-compliance. Hence, in practical terms, the regulations appear not to pose a significant problem for most surveyed small businesses.

Another factor that needs to be taken into account when interpreting the antipathy towards the level of legislation expressed by two-thirds of businesses is the general aversion towards government intervention in their affairs held by small business owner/managers in general, and some EMB groups in particular, according to a number of key informants that were interviewed. Moreover, some owners/managers described the difficulty they experience in persuading employees to adhere to the regulations and safe practice, which led some to consider that the legal 'duty of care' overly favoured employees. In practice, it may be harder for managers in small businesses to discipline or sack staff if they regularly contravene the health and safety legislation, partly because of close relationship that often exists between an owner/manager and his/her core staff, which can be emphasised in circumstances where it may be difficult to recruit suitable replacements.

Finally, it may well be that worries about the legislation and the burden it represents may be more symbolic than real. In this respect, Kitching (1997 – cited in Curran and Blackburn 2001) found that the negative views of owner/managers towards employment legislation were more symbolic of the difficulties in the employment relationship itself rather than actual difficulties experienced with the legislation; hence Kitching described the employment laws as a convenient 'lightening conductor' for the frustrations of owner/managers with managing employees.

2.4 HEALTH AND SAFETY MANAGEMENT PRACTICES

Respondents were asked a series of questions relating to the approach used to manage health and safety in their businesses, in order to assess the extent to which any distinctive characteristics could be identified, between different size, sector and ethnic groups. Topics covered included the identification of responsibility for health and safety management within the businesses; the extent of health and safety training among those managers responsible for health and safety; whether or not there was a written health and safety policy; employee representation for health and safety issues; the use of external sources of information and advice about health and safety; the nature and extent of any measures taken by the businesses to improve health and safety; and finally, respondent's assessment of any financial benefits associated with health and safety improvements.

In interpreting the findings from this part of the survey, it is important to bear in mind that for some questions, business owners/managers may tend to give responses that show themselves in a positive light and/ or give responses more in accordance with their beliefs as to what should be, rather than what they are actually able to practice¹³. At the same time, some evidence was provided by the follow-up interviews that some EMBs in particular may not fully understand the

¹³ For instance, see Taylor (1989, cited in Kalof *et al* 2002) on the gap between concern and action with respect to environmental beliefs and values.

intended meaning of terms such as ‘health and safety policy’ and that this may have been a further source of ‘over-reporting’ (see section 3.3.2). Nevertheless, although some of the absolute figures for some of the indicators may not be entirely accurate due to such over-reporting the patterns revealed, i.e. between sectors and ethnic groups, still provide important insight.

2.4.1 Responsibility for health and safety management within the business

- Only a small minority of respondents were unable to identify a manager responsible for health and safety in their business. However, this was more common among very small businesses and among EMBs. EMBs that had been inspected were more likely to identify a manager with responsibility for health and safety than non-inspected businesses.
- In most small and micro-businesses it is the owner manager who is responsible for health and safety, with little variation between ethnic groups. The main source of variation in this regard is business size, with delegated responsibility to other managers being more common in larger businesses in the sample.

All owners/managers are ultimately and legally responsible for health and safety in their business, although they may have delegated day-to-day management responsibility to another manager. In practice, a small minority of respondents (6%) were unable to identify who had management responsibility for health and safety (Table 2.8). Business size is a key variable in this regard, since 7% of businesses employing less than 5 staff had no designated manager, compared with 4% of those employing 5 or more and 3% of those employing 20 or more. This was also more common among EMBs (7%) than their white counterparts (3%). Moreover, among EMBs, these businesses were more spread across the business size groups than in the case of white-owned businesses, where it was more commonly associated with the smallest businesses (i.e. less than 5 employees). EMBs that had received an inspection visit were significantly more likely to identify a manager with responsibility for health and safety than other businesses, although such a difference was not apparent in the case of white-owned businesses.

In terms of sectors, a lack of recognition or refusal to accept management responsibility for health and safety was more commonly reported in businesses in health and retailing than in hospitality, construction and manufacturing. In terms of other influences, members of trade/business associations were significantly more likely to be able to identify a manager with responsibility for health and safety than non-members and also businesses using IT compared with non-users. In both cases, the association is likely to be indirect, with IT use, trade association membership and recognition of health and safety responsibilities all associated with a more active and systematic approach to business management.

In most businesses it is the owner/manager who was identified as being responsible for health and safety (87%), with little variation between ethnic groups. The main source of variation in this regard is business size, with delegated responsibility being more commonly reported among larger businesses in the sample: 19% of businesses with 20 or more employees, compared with 4% of those employing less than five. This is largely explained by the fact that among the smallest enterprises, the owner may be the only manager, whilst most businesses employing 20 or more would have more than one manager. As in other areas of management, the opportunities for a degree of managerial division of labour is related to business size.

Table 2.8 Designation of responsibility for health and safety in surveyed businesses (by ethnicity, sector and employment size group)

<i>Ethnic Group</i>	<i>Owner Manager</i>		<i>Other Manager</i>		<i>No One</i>		<i>Group Total</i>
	Count	Row %	Count	Row %	Count	Row %	Count
ACB	92	87	9	9	5	5	106
Bangladeshi	89	84	5	5	12	11	106
Chinese	92	86	5	5	10	9	107
Indian	176	90	15	8	5	3	196
Pakistani	116	91	6	5	5	4	127
Turkish	96	81	7	6	15	13	118
Greek	80	81	13	13	6	6	99
All EMBs	741	86	60	7	58	7	859
White/UK	201	89	20	9	6	3	227
Group Total	942	87	80	7	64	6	1086
<i>Sector</i>							
Manufacturing	156	87	19	11	4	2	179
Construction	97	86	12	11	4	4	113
Health	154	80	20	10	18	9	192
Retail	215	86	13	5	22	9	250
Hospitality	320	91	16	5	16	5	352
<i>Size</i>							
<5 employees	533	89	24	4	43	7	600
5+ employees	396	84	55	12	18	4	469

Note: 1 missing case for ethnicity and sector, 17 missing cases for employment size

2.4.2 Health and safety management training

- Whilst most respondents identified a manager with responsibility for health and safety, in a significant minority of cases, these managers had not been trained for the purpose. Moreover, EMBs were significantly less likely to report a manager trained in health and safety compared with white-owned businesses.

Respondents were also asked if the manager identified with responsibility for health and safety had received some form of health and safety training. Once again, the results show that business size is a key influence in this regard, since 73% of businesses employing 20 or more had managers that were trained in health and safety compared with 52% of those employing less than five and 57% of all respondents. In terms of sectors, the main variation was between businesses in the hospitality sector (74%) and those in other sectors (42%-46%), which is probably related to food hygiene training in catering businesses, within the hospitality sector. EMBs were significantly less likely to report a manager trained in health and safety compared with white-owned businesses: 55% and 63% respectively (0.05 level). Not surprisingly perhaps, the propensity to have a manager trained in health and safety was significantly higher among businesses with a manager with formal management training (72% compared with 49%), management qualifications (70% compared with 52%) and previous management experience (66% compared with 50%) (all 0.01 level).

2.4.3 Written health and safety policy

- Four out of five businesses (with five or more employees) reported having a written health and safety policy, with little difference between EMBs and white-owned businesses.

Respondents were asked if they had a written health and safety policy. Since there is no legal requirement for businesses with less than five employees to have written health and safety policies, they are mainly excluded from the analysis (n=469). Four-fifths of responding businesses with five or more employees claimed that their business had a written health and safety policy, although it must be stressed that there is no way of verifying the accuracy of responses to this question in a telephone interview. The fact that 49% of businesses employing less than five claimed to have a written health and safety policy, when there is no legal requirement to do so, may suggest that there is some overstatement of their health and safety practices in the survey, in order to present themselves in a better light or due to misunderstanding (see section 3.3.2). Although there is no difference between EMBs as a group and white owned businesses in this regard, there is a significant difference between EMB groups (0.001 level), with Pakistani (66%) and Bangladeshi businesses (65%) employing less than 5 showing the highest propensity to claim a written health and safety policy, compared with Indian (56%), ACB (47%), Turkish (38%), Greek (28%) and Chinese, with just 10%.

Construction stands out as the sector with the highest propensity for businesses to claim having a written policy (86%), which may reflect the influence of major customers in that it might help them to secure contracts. Certainly, the follow-up interviews demonstrate the influence of large customers/contractors on other aspects of health and safety practices in small sub-contractors and suppliers (see section 3.4.2). Larger businesses exhibited a significantly higher propensity to claim to have a written health and safety policy than smaller enterprises in the sample: 94% of businesses employing 20 or more, compared with 84% of those employing 10-19 and 75% of those employing between 5-9 (0.05 level). EMBs (78%) were slightly less likely to report having a written health and safety policy than their white control counterparts (84%), mainly because of lower reported levels among Chinese (69%) and ACBs (71%). South Asian groups were not significantly below the levels reported by white owned businesses.

Businesses where managers had previous management experience elsewhere, businesses using computers (both 0.05 level) and growth oriented businesses (0.01 level) were all significantly more likely to have a written health and safety policy. Once again, there appears to be some association between a more formalised approach to health and safety management and business characteristics that one might expect to find in more active and systematically managed businesses. Overall, there is little difference between EMBs as a group and their white control counterparts, with EMBs exhibiting similar trends to their white counterparts.

Surprisingly perhaps, when businesses employing less than five are excluded, businesses experiencing a health and safety visit were no more likely to have a written health and safety policy than non-inspected businesses.

2.4.4 Employee safety representative

- Less than a third of all responding businesses had an employee safety representative, although there was a marked tendency for the propensity to increase with business size.

Another indication of the extent to which businesses take health and safety issues seriously is the presence of an employee representative for health and safety, particularly since trade union membership among employees of small businesses is notoriously low. The survey results show that less than a third of all respondents (29%) claimed to have an employee safety representative, although data from other sources suggests that this may be an overstatement (e.g. see section 3.3.3). There was a marked tendency for the reported propensity to increase with increasing business size: 39% of businesses employing five or more staff had one, compared with one fifth of those with less than five employees.

In terms of sectoral variations, hospitality stands out as the sector where employee safety representatives were most commonly reported (39% of businesses), which may partly reflect the activities of catering businesses, where a senior employee may be responsible for food hygiene. In retail and construction, by contrast, employee representation was only reported by approximately one in five businesses, reflecting the small size and high level of use of family labour in retail businesses on the one hand, and the forms of employment typical in construction on the other, which makes employee representation arguably more difficult.

As a group, EMBs (27%) were less likely to claim to have an employee safety representative than the white control businesses (33%), although the main difference was found in the manufacturing sector. There were also differences between EMB groups with South Asian owned businesses having an above average propensity to report employee safety representatives and ACBs the lowest. Closer scrutiny revealed that the poorer performance of EMBs was mainly confined to the smallest EMBs, other than South Asian owned businesses, with less than five employees (17%).

Table 2.9 Businesses reporting a designated employee safety representative (by sector)

<i>Sector</i>	<i>EMBs</i>		<i>White control</i>		<i>Total</i>		
	Count	%	Count	%	Count	%	Base
Manufacturing	30	21*	14	40	44	25	177
Construction	17	20	5	23	22	20	109
Health	45	31	13	31	58	31	189
Retail	35	18	13	26	48	19	247
Hospitality	104	38	30	40	134	39	348
Total	231	27	75	33	306	29	1070

*NOTE: * significant at the 0.05 level
17 missing cases*

Further analysis revealed a number of other business characteristics that were associated with the propensity of businesses to have employee representatives for safety. These included family businesses (those with more than one family member of staff), which were significantly less likely to have employee representatives for safety compared with other businesses: 24% and 34% respectively (0.01 level), whereas businesses with formally trained managers and businesses using computers were significantly more likely

to have an employee safety representative than other businesses (0.01 and 0.05 levels respectively).

2.4.5 Use of external sources of information and advice about health and safety

- Almost one in three surveyed businesses had made some use of external sources of information and advice about health and safety during the previous five years, with the propensity tending to increase with business size, at least among EMBs. It was also above average in the construction and hospitality sectors. Although there was no difference between EMBs as a group and white-owned businesses in this regard, there was some variation between EMB groups, with Chinese and ACBs exhibiting the highest propensity to report using external sources and South Asian groups the least.
- EMBs that reported receiving an inspection visit were significantly more likely to have accessed an external source of information and/or advice about health and safety, although the survey data does not enable us to identify the sequence of these events.
- Although the HSE is keen to explore other channels of communication for the dissemination of information about health and safety issues, the survey evidence shows that, at present, the HSE and local authorities, are by far the most common sources.
- Very few respondents reported experiencing difficulties in accessing health and safety information, although this would appear to be mainly a result of the low level of perceived need for it.

2.4.5.1 Propensity to use external assistance

This section explores the use of external assistance with respect to health and safety activities in surveyed businesses during the five years prior to the interviews (excluding contact made via routine health and safety inspections). Only formal sources were included, such as the HSE, trade associations, consultants, customers, suppliers and other businesses.

The results show that almost one in three surveyed businesses had made some use of external sources of information and advice about health and safety, with the propensity tending to increase with increasing business size, with a significant difference between the 1-9; 10-19; and 20 or more employee size groups (0.001 level) (Table 2.10). However, the size gradient with respect to the use of external assistance is only apparent in the case of EMBs; not in the case of white-owned businesses. It was also above average in the construction and hospitality sectors. Although there was no difference between EMBs as a group and white-owned businesses in this regard, there was some variation between EMB groups, with Chinese (42%) and ACBs (39%) exhibiting the highest propensity to report using external sources and South Asian groups the least (Bangladeshi 24%, Indian and Pakistani both 22%). As a group, EMBs appear less likely to seek advice in all sectors except for health and personal services.

EMBs that had received an inspection visit were significantly more likely to have made use of some form of external source of information and/or advice on health and safety in the previous five years than non-inspected businesses (0.01 level), although the survey data does not enable us

to distinguish the sequence of these events. Such a difference was not apparent in the case of white-owned businesses.

Table 2.10 Use of external sources of information and advice on health and safety issues 1997-2002 (by ethnicity, sector and employment size).

<i>Sector</i>	<i>EMBs</i>		<i>White Control</i>		<i>Total</i>		<i>Base</i>
	Count	%	Count	%	Count	%	
Manufacturing	32	22	11	31	43	24	179
Construction	31	34	10	42	41	36	114
Health	48	32	8	19	56	29	192
Retail	45	23	16	31	61	24	250
Hospitality	93	34	20	27	113	32	352
Total	249	29	65	29	314	29	1087
1-9 employees	169	26	50	29	219	26	833
10-19 employees	51	42	8	26	59	39	152
20+ employees	26	42	6	26	32	38	85

Note: 17 missing cases by employment size

2.4.5.2 Sources of information and advice utilised

Although the HSE is keen to explore other channels of communication for the dissemination of information about health and safety issues, the survey evidence shows that, at present, the HSE itself, together with local authorities, are by far the most common sources. Hence the main reported sources of health and safety information received during the last five years were the local health and safety inspectors (15%), and local authority and HSE publications (both 4%). Significantly, however, only a handful of businesses reported using the HSE website (2 businesses) or telephone 'Infoline' (5 businesses) for this purpose. A wide range of other sources were identified, albeit by very small numbers of businesses. These included private sector business services (e.g. insurance companies, financial services and consultants), other businesses (e.g. buyers and suppliers), trade/business associations and other media sources/publications. There was also a tendency for EMBs (albeit in small numbers) to make use of a wider range of sources of potential health and safety information than their white counterparts, although this did not always result in satisfactory results. This may indicate a particular lack of knowledge on the part of EMBs about where to find this type of information.

The dominant role of the HSE and local authorities as a source of information is confirmed by the fact that two-thirds of respondents who had not sought external health and safety information (n=773) indicated they would probably contact a health and safety inspector or their local authority, if they needed such information. However, almost one in ten respondents did not know where to find health and safety information; ACBs appeared less knowledgeable in this regard than other groups (19%).

2.4.5.3 Difficulties in accessing health and safety information and advice

Very few respondents (5%) reported experiencing difficulties in accessing health and safety information, although this would appear to be mainly a result of the low level of awareness and perceived need for it, perhaps combined with a reluctance on the part of some owners/managers to admit having such difficulties. Small business managers appear more inclined to report difficulties when they have been made aware of health and safety requirements and have been compelled to react to them. This appears to be less of an issue where there is a regular and

familiar channel of communication, such as through Environmental Health Officers (EHOs) in the case of restaurants.

Among EMBs, it was Chinese (10%) and ACBs (8%), which most frequently reported experiencing difficulties. With regard to sectors, it was construction, health and personal services in which difficulties were more frequently reported, although in all cases less than one in ten businesses reported problems. Where difficulties were experienced, the main reasons given were: 'don't know where to find advice/information'; 'language barrier difficulties'; and 'lack of management time', with the first two factors being more related to EMBs.

2.4.6 Measures to improve health and safety

- Just over half the surveyed businesses claimed to have made some improvements to health and safety during the previous five years, with larger businesses being significantly more active in this regard.
- The most commonly reported improvements made to health and safety were regular inspections of equipment; system improvements; risk assessments; health and safety training for staff; and health and safety training for managers.
- More than half the businesses claiming to have made health and safety improvements indicated that the improvement measure had been 'self initiated by management to protect workforce and/or reduce risk', while a further third stated that the improvements had been 'initiated by management to comply with legislation'. Only a small minority of businesses admitted that the main motivation had been a recommendation from a health and safety inspector.
- A majority of all respondents agreed that 'investment in health and safety improvements will have financial benefits for their business', although larger businesses in the sample were significantly more likely to make this assessment than smaller businesses.
- One of the characteristics of businesses that was the most clearly associated with a positive assessment of the financial benefits of investing in health and safety improvements was a visit from an health and safety inspector. This may suggest that inspectors are successfully undertaking an educative role with respect to both EMBs and white-owned businesses inspected, although it may also reflect the targeting criteria of inspectors, who tend to visit higher risk businesses more regularly.

2.4.6.1 Propensity to make health and safety improvements

In order to assess to what extent health and safety was being actively managed, respondents were asked if they had taken any specific measures to improve health and safety during the five years prior to the interviews. The results show that 54% of all respondents claimed to have made some improvement to health and safety during this period, although there were significant variations between business size groups in the propensity of businesses to have done so (0.001 level). A minority of businesses employing less than five staff (43%) had introduced improvement measures, whilst 84% of those with 20 or more employees had done so. There was less variation between sectors than between size groups, although hospitality businesses were more likely to

report making some improvements (63%) and retail and health/personal services the least likely (both 46%). In the case of hospitality, some of these claims may relate to food hygiene, although such activities could overlap with health and safety. Not surprisingly perhaps, businesses which had received an inspection visit were significantly more likely to report having made some health and safety improvements than businesses that had not been inspected (0.001 level). Whilst this difference was identifiable in the case of both EMBs and white owned businesses, the contrast was greater in the case of EMBs.

Overall, EMBs (53%) were less likely to have introduced such measures than the white control businesses (60%), although the difference is not a statistically significant one. However, there was more variation between EMB groups, with Bangladeshi (60%) owned businesses being the most likely to claim to have undertaken health and safety improvements and Turkish (39%) and Chinese (45%) business owners the least likely to do so. Other characteristics of businesses that were associated with a propensity to have made health and safety improvements were: having at least one manager with formal management training (and notably in the case of EMBs); being a member of a trade/business associations; and growth orientation (all significant at the 0.001 level).

Table 2.11 Businesses reporting measures taken to improve health and safety 1997-2002 (by sector and employment size and ethnic group)

<i>Sector</i>	<i>EMBs</i>		<i>White Control</i>		<i>Total</i>		<i>Base</i>
	Count	%	Count	%	Count	%	
Manufacturing	81	57	26	72	107	60	179
Construction	44	49	13	54	57	50	114
Health	66	44	22	52	88	46	192
Retail	88	44	26	51	114	46	250
Hospitality	172	62	49	65	221	63	352
Total	451	53	136	60	587	54	1087
1-9 employees	311	47	89	52	400	48	833
10-19 employees	88	73	22	71	110	72	152
20+ employees	48	77	23	100	71	84	85

Note: 17 missing cases by employment size

2.4.6.2 Types of health and safety improvements

Where respondents indicated having undertaken health and safety improvement measures during the previous five years (n=587), such as regular inspections of equipment (54%), system improvements (50%) and risk assessments (48%). In interpreting these figures, the self-reported nature of the responses need to be taken into account, as well as the fact that some of the claimed improvement appeared minor, although potentially beneficial. At the same time, only 37% of respondent businesses had undertaken health and safety training for staff during this five year period, whilst fewer (28%) had undertaken health and safety training for managers. It should be noted, however, that a broad definition of 'training' was used, to include training organised in-house. A significant minority of all surveyed businesses (36%) claimed to have undertaken a health and safety review or audit, during the five year period, with very little difference between EMBs, as a group, and their white-owned counterparts. However, the high propensity combined with the self-reported nature of the findings suggest there may be a difference between what inspectors understand by a review (i.e. a thorough, systemic exercise) and a visual inspection of the workplace, which inspectors report is more common. As in some other respects, there can be tensions in small businesses between the expectations of regulators in terms of formalised

systems and the relatively informal approach to management, which is common in small businesses.

There were some differences between EMBs as a whole and the white control group, the main variations relating to a higher proportion of EMBs claiming to perform regular inspections, but a significantly lower proportion of EMBs undertaking both staff and management training (0.05 level).

Although risk assessments are a statutory requirement for all businesses, and written risk assessments for those with five or more employees, there was little difference in practice between business size groups in the propensity to claim to have undertaken a written assessment during the previous five years. However, there was some variation between sector groups: highest among construction businesses (54%) and lowest among those in health services. As Table 2.12 shows, EMBs as a group were less likely to have undertaken risk assessments than white-owned businesses. Between EMB groups, the lowest levels of actions being taken by ACBs (32%) and Chinese (38%), whilst only Pakistani owner/managers (61%) achieved higher proportional representation than the white control group (54%).

Table 2.12 Types of health and safety measures reported (by ethnic minority group)

	<i>EMBs</i>		<i>White Control</i>		<i>Total</i>		<i>Base</i>
	Count	%	Count	%	Count	%	
Risk assessment	208	46	73	54	281	48	587
H&S Audit/review	166	37	45	33	211	36	587
H&S management training	118	26	45	33	163	28	587
H&S staff training	156	35*	62	46	218	37	587
Systems improvements	228	51	64	47	292	50	587
Regular inspections of equipment	252	56	67	49	319	54	587

*Note: *significant at 0.05 level*

Other types of health and safety improvement also varied both sectorally and between EMB groups. For example, businesses in the hospitality sector showed the highest propensity to engage in management (35%) and staff (45%) training, although this may partly be explained by the need of catering businesses to involve staff in food hygiene training. Manufacturing businesses were significantly more likely to have undertaken systems improvements (65%) than other businesses and those involved in construction more likely to have undertaken inspections (63%). Retailing had particularly low levels of businesses undertaking health and safety audits (28%) and management training (19%), whilst health sector businesses also exhibited low levels of both management (22%) and other staff training (26%). Controlling for size revealed surprisingly little increase in the level of improvements undertaken as employee size increases, the greatest increase being recorded for staff training (33% of businesses employing less than 5 staff rising to 48% of those with 20 or more staff).

2.4.6.3 Motives for making health and safety improvements

Respondents were also asked to identify the main factor, which had motivated them to introduce improvement measures. Over half of respondents (53%) indicated that the improvement measure had been ‘self initiated by management to protect their workforce and/or reduce risk’, while a

further 30% stated that the improvements had been ‘initiated by management to comply with legislation’. Only 13% of businesses indicated that the main motivation had been a recommendation from a health and safety inspector or contact officer. Other motivating factors were mentioned by a small minority of respondent, and included: recommendation from a health and safety workplace contact officer (3%); suggestion from staff health and safety representative (2%); customer recommendation and business development factors such as planning regulations and new systems requirements (both 1%).

Sectoral analysis revealed that owners/managers of health and personal services businesses (43%) were less likely to self-initiate health and safety improvements than their counterparts in businesses in the other broad sectors examined, but more likely to be motivated by the need to comply with health and safety regulations (39%). Business employment size appeared to make little difference in this respect. Further analysis of entrepreneurial characteristics revealed that male owner/managers (33%) were more likely to be motivated by the need to comply than female owners/managers (18%). Businesses using computers were far more likely (significant at beyond the 0.05 level) to self initiate health and safety improvements (58%) than those businesses not using computers (45%), and half as likely to report making changes following recommendations by a health and safety inspector (7% compared to 15%).

Although there was little difference between the EMBs as a group and the white control group, there were variations between the EMB groups. Greek (68%) and Chinese (63%) owner/managers were most likely to state that they had self-initiated health and safety improvements, compared with South Asian owners (50% Pakistani, 48% Indian and only 36% of Bangladeshi owners). On the other hand, South Asian owner/managers were more likely to indicate that actions were taken to comply with legislation (42% of Bangladeshi, 40% of Indian and 36% of Pakistani owners), with Chinese (17%), ACBs (19%) and Turkish (21%) being least likely in this respect.

2.4.6.4 Perceived financial benefits of health and safety improvements

Respondents were asked the extent to which they agreed with the statement that: ‘investment in health and safety improvements will have financial benefits for my business.’ Table 2.13 shows that a majority of all businesses (61%) ‘agreed’ with this statement, with larger businesses in the sample being more likely to acknowledge this than smaller enterprises: businesses employing 20 or more staff (77%) were significantly more likely to perceive financial benefits than those with 10-19 staff (61%) and 1-9 employees (60%) (0.01 level).

One of the characteristics of businesses that was the most clearly associated with a positive assessment of the financial benefits of investing in health and safety improvements was a visit from an health and safety inspector: 69% compared with 41% of non-visited businesses (0.001 level). This particularly applied to EMBs (70% and 41%) (0.001 level), but also to the white control group (63% and 43% (0.01 level). Whilst this may suggest that inspectors are successfully undertaking an educative role with respect to businesses inspected, it may also partly reflect the priorities of inspectors with respect to the businesses targeted for inspection.

With respect to sectoral variations, Table 2.13 shows that businesses in hospitality were by far the most likely to see financial benefits in health and safety (76%), compared to between 51% and 55% in the other broad sector groups. Part of the explanation for these differences could be that in hospitality (mainly restaurants) poor health and safety, which appears to have been conflated by some respondents with food hygiene issues throughout the survey, is more likely to have immediate repercussions on customers and the business. Deeper sectoral analysis revealed that

EMB owner/managers in retailing were significantly (at the 0.05 level) more likely to perceive financial benefits than their white owned control counterparts (58% and 39% respectively), and also more likely to perceive benefits in the health sector (58% and 45% respectively). At the same time, there is little overall difference between EMBs as a group and white control businesses. The ethnic minority groups least likely to agree with the statement were the Greek (49%), ACB (53%) and Chinese (56%). South Asian owned businesses (70%) were most likely to agree with the statement, particularly Pakistani (79%) and Bangladeshi owned businesses (75%), although interviews with informants in EMB intermediaries suggest there may be some overstatement in the survey responses (section 4.4).

Table 2.13 Respondents level of agreement with a statement that: ‘investment in health and safety improvements will have financial benefits for the business’

<i>Ethnic Group</i>	<i>Agree</i>		<i>Neither agree or disagree</i>		<i>Disagree</i>		<i>Group Total</i>
	Count	Row %	Count	Row %	Count	Row %	
ACB	56	53	27	26	23	22	106
Bangladeshi	79	75	20	19	7	7	106
Chinese	58	56	37	36	9	9	104
Indian	122	63	48	25	25	13	195
Pakistani	100	79	18	14	9	7	127
Turkish	69	59	43	37	5	4	117
Greek	48	49	33	33	18	18	99
All EMBs	532	62	226	27	96	11	854
White/UK	131	58	54	24	42	19	227
Group Total	663	61	280	26	138	13	1081
<i>Sector</i>							
Manufacturing	97	54	51	29	31	17	179
Construction	57	51	37	33	18	16	112
Health	105	55	56	30	29	15	190
Retail	136	55	75	30	38	15	249
Hospitality	268	76	61	17	22	6	351
<i>Size</i>							
1-9 employees	495	60	232	28	101	12	828
10-19 employees	92	61	30	20	29	19	151
20+ employees	65	77	13	15	7	8	85

Note: 6 missing cases

In terms of the characteristics of the surveyed owners/managers, previous management experience appears to be a particularly significant factor (0.01 level), with a high proportion of these respondents (68%) agreeing with the statement as opposed to those without previous management experience (57%).

2.4.7 Synthesis

The health and safety management issues described previously above reflects the informal approach to management that is one of the distinctive characteristics of small and micro-enterprises compared with their large business counterparts. This helps to explain why business size is the most consistent discriminating factor in relation to most of the health and safety management practices reviewed, since there will tend to be a positive association between

business size, in terms of the number of employees, and increasing formalisation of the human resource management function, which will eventually lead to its separate identification in the business's management structure (Atkinson & Meager 1994).

In this context, the survey results show that business size is a key explanatory variable in relation to the propensity of respondents to identify a manager with responsibility for health and safety; the likelihood of him/her having received training for this purpose; the frequency with which an employee safety representative was reported; the propensity to make use of external sources of information and/or advice about health and safety; and the propensity to have made improvements to health and safety during the previous five years.

Although business size appears to be the most consistent characteristic affecting the approach of business's to health and safety management, there are also sectoral variations, reflecting differences in the levels of risk and regulation between sectors, but also differences in the way that health and safety is managed. In this regard, two main trends emerged: the first relates to higher levels of reported use of management training and (claimed) employee representation for health and safety in hospitality, where food-hygiene regulations are typically conflated with health and safety issues by managers; the second relates to the influence of higher risks in some instances, in sectors such as construction reflected in the greater willingness of owners/managers to access external sources of information and advice. There is also some evidence of variations between ethnic minority groups with respect to the inspection process, which may reflect deeper attitudes towards the authorities. This is reflected in the variation between ethnic minority groups in their propensity to report difficulties in meeting the requirements of inspectors, with ACBs reporting the greatest difficulties in this respect.

As far as ethnicity is concerned, certain differences can be observed in the reported health and safety management practices between EMBs and white owned businesses, but also between ethnic minority groups that partly, but not entirely, reflect their size and sectoral orientation. The dominant emerging theme in this regard is one of informality with regard to health and safety management practices, reflecting the high propensity of EMBs to be microenterprises. At the same time, certain groups emerge as being more extreme in this respect, including Bangladeshi business owners/managers, who have one of the lowest propensities to show awareness of their statutory responsibilities for health and safety in the business and among the lowest propensities to use external sources of information and advice.

Examination of the influence of other factors on the propensity of businesses to report specific health and safety management practices confirms the emerging theme that the approach of businesses to health and safety typically reflects their approach to business management more generally. This can be illustrated with reference to the consistent difference between IT-using businesses and non- IT users in relation to the various health and safety practices reviewed in this section. If the use of IT in a business is taken as indicative of a more systematic approach to running and managing the business, the businesses that explicitly recognise their statutory responsibilities with respect to health and safety management (e.g. in terms of having managers trained in health and safety and employee representation) are those that are more systematically managed. This picture is confirmed by the consistent observed difference in health and safety management practices between businesses with at least one trained manager and those without.

3 EXPERIENCES AND VIEWS OF MANAGERS AND EMPLOYEES

3.1 INTRODUCTION

This chapter reports on the findings of face-to-face interviews held with 73 managers and 21 employees in the construction, manufacturing and service sectors, also representing the seven ethnic groups included in the telephone survey. The findings are dealt with under the following main headings: awareness of the legislation and perceptions of health and safety issues and risks; health and safety management within the business; influences on attitudes and behaviour; and recommendations of managers and employees. Two detailed case study examples are included in Appendix 4 (p.135).

With regard to the interviews with managers, the sample was drawn from respondents to the telephone survey, with the exception of two construction businesses drawn from the Yellow Pages and one manufacturing business recommended by a key informant (see Tables 3.1 and 3.2). Thirteen of the businesses where managers were interviewed were located in Birmingham, the remainder and also all of the employees were located in London. Four of the employees were employed in businesses where the manager agreed to their being interviewed. The other employees were accessed through key contacts and word-of-mouth / snowballing. A number of other approaches were used, including soliciting the help of training providers, leafleting in public places and builders merchants, and advertisements in a business newsletter and on a university student intranet. Table 3.3 shows the employee interviewees and their main characteristics. The low numbers, and less than ideal cross-section of employees is a reflection of the difficulties encountered, particularly in the latter stages of the project fieldwork.

On average the interviews with managers and employees lasted for 40 minutes but there was considerable variability in duration, with some being particularly short and hurried due to time restrictions dictated by the circumstances of managers, and others lasting one hour or more. Although a structured topic guide was used, a particular aim was to encourage interviewees to give freely of their views on the issues as they experienced them. The broad topic areas for managers were: profile information on the owner/manager and the business; health and safety issues within the business and perceptions of risk; health and safety management - actions taken and motivational influences; awareness of and responses to health and safety legislation; sources of information and advice; experiences of and attitudes to inspectors; and suggestions as to how the UK system of health and safety protection could be improved.

The broad topic areas for the employee interviews were: education and employment history; details of current employment; health and safety management within the business; awareness and understanding of the health and safety regulations; experience of inspectors; and any suggestions for improvement. It was realised during the initial interviews that interviewees generally had varied employment histories, involving experience with both small and large businesses. It was therefore decided to add a question inviting interviewees to reflect on and compare these experiences, particularly in terms of the main advantages and/or disadvantages of working in a small business environment, both in terms of safety and welfare provision and job satisfaction and quality of working life more generally. In this way the interviews were able to provide some insight into the extent and causes of occupational stress in the sampled workplaces.

The codes allocated in the first column of Tables 3.1 – 3.3 will be used throughout this chapter to give some indication of the distribution of responses, particularly in terms of their main characteristics (sector, ethnicity), as the cases are referred to and quoted in the text.

Table 3.1 Interviews with managers responsible for health and safety in manufacturing and construction businesses

<i>Code*</i>	<i>Sector</i>	<i>Ethnic group</i>	<i>Emp. Size (inc. o/m)</i>
MAC1	Man. (food)	ACB	2
MAC2	Man. (food)	ACB	40
MG3	Man. (clothing)	Greek	9
MG4	Man. (clothing)	Greek	20
MG5	Man. (food)	Greek	20
MG6	Man.(auto repair)	Greek	30
MI7	Man. (clothing)	Indian	10
MI8	Man. (clothing)	Indian	15
MI9	Man. (electro-plating)	Indian	40
MP10	Man. (food)	Pakistani	20
MP11	Man. (plastic moulding)	Pakistani	26
MT12	Man. (clothing)	Turkish	5
MT13	Man. (clothing)	Turkish	24
MW14	Man. (food)	White	75
MW15	Man (metal working)	White	15
CAC1	Construction	ACB	3
CI2	Construction	Indian	5
CI3	Construction	Indian	8
CI4	Construction	Indian	28
CT5	Construction	Turkish	5
CW6	Construction	White	3
CW7*	Construction	White	5
CW8	Construction	White	9
CW9*	Construction	White	10

*Notes: * Business not included in telephone survey*

Letters of code indicate sector and ethnic group, hence MAC = Manufacturing, African/Caribbean

Table 3.2 Interviews with managers in service sectors

<i>Code*</i>	<i>Sector</i>	<i>Ethnic group</i>	<i>Emp. Size</i>
RAC1	Retail (alt. energy)	ACB	3
RAC2	Retail (food)	ACB	4
RAC3	Retail (food)	ACB	3
RAC4	Retail (sports equip.)	ACB	4
RAC5	Retail (clothing)	ACB	3
RB6	Retail (food)	Bangladeshi	4
RB7	Retail (food)	Bangladeshi	8
RB8	Retail (food)	Bangladeshi	4
RB9	Retail (clothing)	Bangladeshi	1
RG10	Retail (food)	Greek	2
RG11	Retail (electrical)	Greek	1
RG12	Retail (food)	Greek	3
RI13	Retail (DIY)	Indian	4
RI14	Retail (electronics)	Indian	8
RI15	Retail (newsagent)	Indian	3
RP16	Retail (wed. Cards)	Pakistani	4
RP17	Retail (electrical)	Pakistani	6
RP18	Retail (DIY)	Pakistani	4
RP19	Retail (cosmetics)	Pakistani	4
RT20	Retail (dom. appl.)	Turkish	7
RT21	Retail (food)	Turkish	20
RT22	Retail (property)	Turkish	7
RT23	Retail (jewellery)	Turkish	2
RT24	Retail (photography)	Turkish	2
RT25	Retail (newsagent)	Turkish	2
HAC1	Hospitality (catering)	ACB	5
HC2*	Hosp. (restaurant)	Chinese	20
HC3*	Hosp. (restaurant)	Chinese	18
HC4	Hosp. (restaurant)	Chinese	5
HC5*	Hosp. (takeaway)	Chinese	4
HC6*	Hosp. (restaurant)	Chinese	10
HG7	Hosp. (restaurant)	Greek	4
HG8	Hosp. (restaurant)	Greek	3
HG9	Hosp. (restaurant)	Greek	5
HT10	Hosp. (restaurant)	Turkish	30
HT11	Hosp. (restaurant)	Turkish	3
HW12	Hosp (restaurant)	White	40
HW13	Hosp (restaurant)	White	5
HW14	Hosp (restaurant)	White	10
H&PAC1	H&P/S (h/dressing)	ACB	3
H&PAC2	H& P/S(h/beauty)	ACB	3
H&PAC3	H&P/S (h/dressing)	ACB	4
H&PB4	H&P/S (dry cleaning)	Bangladeshi	20
H&PC5*	H&P/S (Chi. Med.)	Chinese	2
H&PC6*	H&P/S (Chi. Med.)	Chinese	2
H&PI7	H&P/S (h/beauty)	Indian	5
H&PI8	H&P/S (chemist)	Indian	4
H&PP9	H&P/S (chemist)	Pakistani	6
H&PW10	H&P/S (osteopath)	White	1

Notes: * Business not included in telephone survey;

Letters of code indicate sector and ethnic group, hence RAC = Retail, African/Caribbean

Table 3.3 Interviews with employees

<i>Code</i>	<i>Sector (+ other previous employment)</i>	<i>Occupation</i>	<i>Ethnic group</i>	<i>Gender</i>	<i>Emp. Size of bus.</i>
EmpM1	Man. – shop fitting (+ hospitality)	Skilled master craftsman (joinery)	White	Male	25
EmpM2*	Man. – light eng. (+ retail)	Sheet metal worker	White	Male	15
EmpM3*	Man – clothing	Designer/supervisor	Greek Cypriot	Female	9
EmpM4*	Man. – print (+ retail)	Printer	Kurdish	Male	7
EmpM5	Man. – print	Printer	Mixed (White & BA)	Male	7
EmpM6*	Man. – food/bakery (+ large food bus.)	Production worker (baker)	Greek	Male	20
EmpC1*	Construction (+ hospitality, retail, H&PS, auto-repair)	Currently in H&PS but previously a builder for 3 years	Turkish Cypriot	Male	>5
EmpC2	Construction (+ welder & self- employed builder)	Currently in H&PS: maintenance/caretake r at community centre	ACB	Male	
EmpH1*	Hosp. – catering	Ops manager (but previously worked as a waitress in bus. for 7 years)	ACB	Female	10 (+ 'lots of casual staff')
EmpH2	Hosp. – restaurant	Waiter	Chinese	Male	10
EmpHPS1	H&PS – community service (+ hospitality)	Admin/reception	African	Female	4
EmpHPS2	Hosp. (at community centre) (+H&PS)	Cook/caterer	ACB	Female	2
EmpHPS3	H&PS (charity)	Admin	East European	Male	4
EmpHPS4	H&PS – community/arts centre (+ public sector administration)	Admin	ACB	Female	
EmpHPS5	H&PS (+ office / secretarial)	Admin	ACB	Female	8

EmpHPS6	H&PS	Care and support officer	Turkish Cypriot	Male	60 (many p/t)
EmpHPS7	H&PS (+clothing + food)	Care worker	Turkish Cypriot	Female	60 (many p/t)
EmpHPS8	H&PS (+ retail, clothing)	Care worker	Turkish Cypriot	Female	60 (many p/t)
EmpHPS9	H&PS (+ retail, hospitality, clothing)	Care worker	Turkish Cypriot	Male	60 (many p/t)
EmpO1	Office (+ retail)	Office junior (admin)	White	Female	12 (+ many sub-contract)
EmpO2	Office – estate agents (+ retail)	Receptionist	White	Female	7

*Note: * indicates owner/manager of business also previously interviewed*

3.2 AWARENESS OF THE LEGISLATION AND PERCEPTIONS OF ISSUES AND RISKS

- Only a few, mainly larger, enterprises were able to identify specific pieces of legislation that applied to their business. However, established small businesses appeared to have developed some awareness and understanding of the main requirements of the legislation, often in response to them having been drawn to their attention by external intervention.
- While many managers appeared to have an adequate or good awareness of the most immediate risks associated with their business activity, some of the interviews with employees (in different businesses) provided a number of examples where managers appeared to hold a more indifferent attitude towards health and safety risks.
- Although employees on the whole clearly felt that larger businesses/organisations were better able to support workplace health and safety and other aspects of staff provision, many also expressed a clear preference for small business working environments for a number of reasons.

This section focuses on the awareness of the managers and employees interviewed with respect to health and safety legislation and their perceptions of health and safety issues and risks in the workplace, including a comparison of how employees perceive the relative merits of small business and large business working environments.

3.2.1 Awareness of the legislation

Only a few managers identified specific pieces of legislation that applied to their business during the course of the interview or when directly invited to do so; these were mainly larger manufacturing businesses [MI9, MW14, MG6, HW12, H&PAC3] and two construction businesses [CW8, CW9]. Some of the smallest retail businesses in particular were unaware that there was any health and safety legislation that applied to them, although a number of service sector businesses identified the statutory requirements on employers' liability insurance. There were some food businesses that showed a high degree of awareness of the food hygiene legislation but little awareness of the health and safety legislation.

Many managers, on the other hand, showed an awareness of some of the main requirements, notably with respect to the need for a written health and safety policy, the use of personal protective equipment, and the reporting of accidents. In other words, while there were few cases where managers had actively investigated what legislation applied to the business, many had taken various measures in order to be compliant with aspects of the legislation. In many cases specific requirements had been drawn to the attention of the manager by an external party, usually an inspector but in some cases a customer or supplier. These findings suggest that many established small businesses (and not just EMBs) develop some awareness of the main requirements of the legislation, often in response to them having been drawn to their attention by external interventions:

We do not really know if we are abiding by the rules or not, because you do not know what is relevant to your company. So we try to stick to it but we do not know if we are really doing things right. [MG3]

From the top of my head I can't quote any regulation. But being on the training courses that I have done with [previous employer] and working on the workshop I am familiar with the issues with respect to health and safety. [CAC1]

To be honest with you I am not an expert 100% on health and safety although I'm responsible but what we have done is that we look at our housekeeping and make sure my factory is nice and tidy and there is a minimum risk of any accident and explain to all [employees] that we've got a procedure, a questionnaire which when we employ somebody we take them and we show them [...] and they sign that that we've explained everything and all that [...] and what we feel is right, whether we conform to any legislation or whether we are in breach of anything I don't know. [MP11]

Of the 21 employees interviewed, four appeared to have a reasonable understanding of the system of health and safety protection in the sense of having knowledge of specific requirements as they applied to his own workplace and the enforcement role of the local authority [EmpC2, EmpHPS4, EmpO1, EmpO2]. In these cases such awareness had been acquired through previous training undertaken when employed in a larger organisation or was associated with specific responsibilities¹⁴. Other employees had a more peripheral awareness, while three employees claimed to have no understanding whatsoever [EmpM3, EmpM5, EmpH2]. The following quote particularly illustrates the low level of awareness in parts of the building trade:

Interviewer: [...] in the context of the building work you were doing, were you aware that you are protected, to a certain extent, by the law, and what those legal provisions were?
I think I had an idea about it, that you should really wear a helmet if you are working and people are working on top of you or whatever, and if you are working in a dusty place you should really wear a mask or if you see any material which you think is asbestos based you should really remove it and call

¹⁴ In one case the interviewee was a caretaker who was also responsible for the maintenance of the premises and had previously worked in the building trade [EmpC2].

the council, but I mean, if it is a small firm they won't want to do this because it will create them a lot of problems and it will stall all the jobs. [EmpC1 – see also Case Study 2]

One manufacturing employee raised the issue of the confusion and concern caused by hazard warnings on products aimed at different national markets, where the regulation of hazardous substances may be different to that in the UK. In this case, the specific problem arose around a new type of glue used in wood joinery, which bore warnings of carcinogenicity and potential toxic effects on the nervous system. When the sales representative was consulted he dismissed these concerns, stating that the warning was only applicable to the American market. In this instance the workshop manager did purchase masks for employees to use should they so wish. [EmpM1]

3.2.2 Perceptions of health and safety issues and risks

Managers were asked about the health and safety issues and risks associated with their business activity and any particular issues they had to address. Whilst all of the construction managers appeared to be very conscious of the day-to-day risks associated with their businesses, in manufacturing it was the two largest businesses (both with specialist health and safety/environment managers) who articulated the most comprehensive understanding. One of these businesses was also the only business to identify work-related stress as an area of concern, and to mention that they were considering measures to address this issue [MI9]. It is additionally worth noting that those other managers who were able to relay a more specific awareness of risk factors also acknowledged, in many cases, that these problems had been drawn to their attention by inspectors or other external agents (e.g. electrical wiring: MI7, MI8; use of personal protective equipment: MI7, MT13, MI8; protective devices on machinery: MW14, MT13; proper installation and use of machinery: MW15).

In terms of actual work-related injuries and ill health, a number of businesses identified some minor injuries incurred by staff (e.g. cuts to fingers) while two businesses referred to more serious accidents which had been reported to the HSE [MAC2, MW15]. It is worth noting here that a significant number of respondents identified the attitudes and behaviour of employees themselves as a main source of risk; this issue will be addressed more fully in section 3.4. Service sector businesses in particular referred to risks associated with electrical wiring and lifting goods and also to slips, trips and falls affecting both staff and customers. The main health and safety issues in the personal services sector include exposure to chemicals (such as hair dyes, bleaches, shampoos, hair styling agents, etc) in the hairdressing and nail & beauty business.

A few managers denied that there were any risks at all associated with their businesses (including in manufacturing); this seemed to indicate a particularly low level of health and safety awareness or the intention (rather naively, perhaps) to present their business in the most positive light possible. Similarly, some of the comments could be taken to indicate a low level of awareness with regard to certain risks, for instance with respect to the use of personal protective equipment and also electrical hazards, which were referred to by some interviewees as 'minor' issues.

Also identified in one manufacturing business was the issue of inadequate toilet and canteen facilities which had been identified as a problem by large customers, resulting in some loss of business; this issue had been drawn to the attention of the responsible landlord who had continued to ignore the problem [MT13]. A number of retail businesses also referred to problems relating to their premises, for instance with regard to the shop layout and access/exit routes and, in one

case, dampness caused by a long standing water leak from the property above¹⁵. Again, some of these managers had experienced difficulties in getting the responsible landlord to attend to the problem, while in other cases the problem was intrinsic to the property and impossible to address without moving to new premises.

Employees' concerns around health and safety, including specific risk factors and actual incidents, featured most prominently in interviews with a respondent who had worked for three years as a builder in the recent past [EmpC1] and three of the manufacturing employees [EmpM1, EmpM2, EmpM6]. Most of the remaining interviewees identified more minor concerns and incidents. One employee interviewee, who had previously worked in the building trade for three years, gave a vivid and detailed account of his experiences of the day-to-day risks and the prevailing attitude to such risks in this sub-sector. [EmpC1 - see Case Study 2].

Manufacturing employees identified a number of issues and in some cases actual accidents: dust from medium density fibreboard and fumes from glues (availability and use of personal protective equipment), injuries from lifting, guards on machinery [EmpM1 – Case Study 1]; improper installation of machinery and procedure resulting in an accident [EmpM2]; chemical exposure in printing [EmpM4 and EmpM5]; a fire incident, plus an incident where an employee was scalded by boiling water [EmpM6]. Service sector employees referred to fire risks, cuts (in kitchens), inadequacies related to the premises and a back problem from improper lifting. Two employees referred specifically to stress when workloads were particularly heavy. Finally, it is worth noting that some food businesses interpreted the question on health and safety issues and risks to include food hygiene concerns; in this respect one employee made the following comment:

Health and safety is important but hygiene is something that needs to be looked at every day and it is our top priority. [EmpM6]

3.2.3 Comparison of small businesses and large businesses in terms of job satisfaction and quality of work environment

Interviewees who had had varied work histories including periods of employment in larger organisations, were asked at the end of the interview to reflect on their experience of the differences between working for a small business as compared to a larger organisation. A number of interviewees clearly felt that larger organisations were better able to support workplace health and safety and other aspects of staff provision including facilities and training [EmpM2, EmpM1, EmpM5, EmpC1, EmpHPS1, EmpH1, EmpHPS7, EmpHPS6, EmpH2, EmpO1]. At the same time, interviewees typically expressed a clear preference for small business working environments [EmpM1, EmpM2, EmpM5, EmpM4, EmpHPS, EmpHPS2, EmpHPS3, EmpHPS6, EmpHPS7, EmpO1] or gave reasons why small businesses might be preferable in certain respects [EmpC1]. Reasons for preferring small businesses related to: more personal relationships and a friendlier working environment; more varied work; greater job satisfaction and 'ownership' of the work, the more informal and less intensive management and pace of work, and, in some cases, more flexible work patterns. In other words, employees appear often to accept a less protected health and safety regime in a small enterprise because they offset it against what they perceive as the attractions of such a work environment. It is important to note, however, the limited representativeness of a very small sample where half of respondents were

¹⁵ In this case water leakage to the floor of a shop had been identified by the environmental health officer as a problem that needed to be addressed; the landlord in this case, however, was the local authority, who had not responded to the owner/managers complaint.

employed with not-for-private-profit ‘social enterprises’ [no difference: EmpC2; not relevant / don’t know: EmpM3 (only worked in one small business); unclear: EmpM6]. The quotations below give a flavour of the views expressed on this topic, illustrating both negative and positive aspects of the different types of workplace:

In the large firm that I worked with health and safety measures were more down to the managers and it was their responsibility. With small firms it seems to be each individuals responsibility for their own safety. I think that’s the main difference.

Interviewer: [...] What about in terms of the general working environment and conditions? I’m thinking in terms of job satisfaction...?

Oh, small firms are usually better, I think. Maybe just because I’m comparing it to MacDonalds, but there’s a friendly atmosphere and most people get on [...] you know everyone and you’re more valued. [...] a lot better to work for. [EmpM1]

In the supermarket, where I was for three months, all the clothing was clean and all the flooring was level, and things like that. There was a restaurant and a place to wash up and sit down... [...] But at the end of the day I love working here, irrespective of conditions: they have improved it a little bit – they could be a little better, but as I say that comes down to finances as well which if we had more money then the factory would be in tip-top shape. Because I enjoy my work, I don’t moan. [...] but I’d love to see improvement in certain areas [EmpM2 – see also Case Study 2]

3.3 HEALTH AND SAFETY MANAGEMENT WITHIN THE BUSINESS

- The most structured and evolved approaches to health and safety management tended to be found in the larger businesses in particular (i.e. c.25 + employees). Such businesses also tended to be more externally oriented in terms of their use of sources of advice and support.
- With regard to health and safety measures taken within the business, the interviews with managers revealed more improvement measures undertaken than did the telephone survey, suggesting that the follow-up interviews allowed more time for reflection and recall of past actions than did the short telephone interview. It should be noted, however, that this more optimistic picture may also be a product of response bias in the sample of businesses where managers were agreeable to a follow-up visit.
- Most managers found it difficult to quantify the amount of time devoted to health and safety management. Construction businesses in particular indicated that health and safety was integral to most of their activities and that they were constantly engaged in impressing upon employees the importance of safe practice and observance of the regulations. A quite different picture, however, was conveyed by an employee interviewee who had worked solely on domestic and small building contracts; he emphasised that in his experience health and safety was of minimal concern and that the requirements of the regulations were often ignored in this sub-sector.
- In those small and micro-enterprises which demonstrated a higher level of health and safety awareness, assessment of risks was more likely to be implicit, informal and sometimes reactive, as opposed to the more systematic and explicit approach promoted by HSE and more likely to be adopted in larger businesses and organisations.
- Similarly, insofar as there is any consultation with employees on health and safety in small

businesses, this was typically of an informal nature and in the context of the closeness of day-to-day interaction between people within small businesses.

This section focuses on health and safety management and any particular measures taken to address the health and safety issues and risks summarised in the previous section. The issues are addressed in terms of: general approaches to health and safety management; specific measures taken; and extent of training and consultation with employees.

3.3.1 General approaches and time committed to health and safety management

In many of the businesses visited health and safety was dealt with on a day-to-day basis by the owner/manager or senior partner, although in some businesses responsibility had been delegated to another manager or partner [MG4, MW14, MI9, CI4, CT5, EmpM1, EmpC2, HAC1, HW12]. Four of the larger businesses had appointed specialist staff or consultants to assist on a part-time basis with health, safety and environment issues and/or accreditation [CI4, MI9, MP11, MW15]. In a number of EMB family businesses, responsibility for health and safety had been delegated to the daughter or son [CI4, MG4, CT5].

Most managers found it difficult to quantify the amount of time they devoted to health and safety management; construction businesses in particular argued that health and safety was integral to most of their activities and was a matter of continual awareness-raising with employees and/or subcontracted staff. Some employees, however, relayed a quite different picture, where active management of health and safety was minimal or non-existent. One employee interviewee in particular, who had worked for three years in the recent past in the building trade, mainly on domestic and small contract work, emphasised that in his experience health and safety was of minimal concern and the requirements of the regulations were largely ignored by people in this sub-sector. Manufacturing and service sector managers were more likely to state that they dealt with health and safety issues as and when they arose, on a more flexible and ad hoc basis.

Some of the larger businesses (i.e. 25+ employees) had quite evolved and structured approaches to management, including with respect to human resource and health, safety and environmental issues in the case of manufacturing. In terms of formal accreditation, of the manufacturing businesses, two were accredited to, or were working towards, ISO9002, one business was accredited to ISO14001 and two businesses to Investors in People (IIP). Unusually, perhaps, one of the smallest construction businesses was also in the process of applying for IIP status [CW3]. The generous representation of such businesses in the sample may be a reflection of response bias in the types of businesses where managers were agreeable to being interviewed in-depth, i.e. businesses which were confident that they maintained good or adequate standards in terms of human resource management etc, and had less reason to be secretive/defensive about such aspects of the business. It was also notable that these businesses tended to be quite externally orientated in terms of their readiness to make use of sources of advice and support.

3.3.2 Specific health and safety measures taken within the business

Managers were asked what particular measures had been taken within the business with respect to health and safety (Table 3.4). Given that this sub-sample is likely to be biased towards the better performers, it is not meaningful to draw a comparison with the findings of the telephone survey for the sake of verification. It is worth noting, however, that on some indicators in particular the follow-up interviews identified more measures than were reported by the same businesses in the telephone survey. This applied particularly to training for staff, taken here to include in-house

briefing (which may have been under-reported by the same businesses in the telephone survey) and risk assessment.

Table 3.4 Health and safety measures in 73 businesses

<i>Sectors</i>	<i>Construction & Manufacturing</i>		<i>Service sectors*</i>		<i>Total</i>	
<i>Measure</i>	<i>Count n=24</i>	<i>%</i>	<i>Count n=49</i>	<i>%</i>	<i>Count N=73</i>	<i>%</i>
Health and safety policy	15	63	12	24	27	37
Risk assessment	15	63	25	51	40	55
H&s audit/review	7	29	3	6	10	14
H&s training for management	8	33	9	18	17	23
H&s training for staff (mainly in-house briefing)	16	67	21	43	37	51
Employee consultation	14	58	30	61	44	60
Regular inspections of equipment	15	63	27	55	57	78
Improvement in systems & equipment	11	46	27	55	38	52
Improvement of premises	10	42	17	35	27	37
Consultant employed to advise on h&s	4	17	0	-	4	6

*Note: * includes Health & Personal Services, Retail and Hospitality*

While only seven, of the mainly larger construction/manufacturing businesses visited reported having conducted risk assessments in their response to the telephone survey, the follow-up interviews showed that nearly twice as many had gone through the mental process and subsequent actions involved in risk assessment, including precautions taken to control risks they had identified. Hence, in those small and micro-enterprises which appeared to have a higher level of health and safety awareness, risk assessment was more likely to be informal, implicit and sometimes reactive (i.e. in response to incidents/accidents already experienced), rather than explicit, systematic and more proactive, as in larger businesses.

It is further worth noting that a couple of interviewees in small hospitality EMBs referred to the fact that they had a health and safety poster on display when asked if they had a written health and safety policy. This supports the view that small business owner/managers (particularly EMBs) may interpret terms quite differently to the meanings defined by regulators and understood by health and safety specialists. Similarly, a number of interviewees also referred to food hygiene measures (e.g. regular checks of fridge temperatures, food hygiene certification) when asked if they had conducted risk assessments or undertaken any training in health and safety. These instances would seem to confirm the tendency of some businesses in this category

to conflate health and safety and food hygiene issues, which may have been a further source of over-reporting on some health and safety measures in the telephone survey, as was suggested in Chapter 2.

3.3.3 Training and consultation with employees

Less than half of managers interviewed claimed to have undertaken some form of health and safety training for staff. In the majority of cases, any health and safety training had taken place in-house, often in the form of induction training for new employees; only one business - the largest manufacturer - had actually sent employees on an external training course run by health and safety specialists.

Over half of employee interviewees had had some health and safety training but in most cases this had been in the context of previous employment in a larger business or organisation [EmpM5, EmpM6, EmpHPS1, EmpHPS6, EmpHPS7, EmpHPS8, EmpHPS9, EmpO1 and EmpO2]. Of the three interviewees who referred to training received within their current employment, in one case this had been in the context of measures taken by the businesses to address problems identified by a health and safety inspector [EmpM2], in another as a result of the interviewee having had a supervisory position [EmpHPS4] and in the third as part of the induction process [EmpO1]. A number of those interviewees who had not received training, however, referred to the role of informal advice from older/more experienced work colleagues [EmpM1; EmpM3, EmpM4, EmpC1, EmpH2, EmpC2, EmpHPS2, EmpHPS5, EmpH2]. The following quotes illustrate the experiences of two employees:

Because I came in as a skilled person I was just given a job and told to get on with it. I don't know... I think there's a few things the apprentices get told. [EmpM1]

Interviewer: Have you received any training in health and safety?

No – you just go into the deep-end and take it from there, because most of the time you are paid as a labourer and as you go along from there you do harder jobs and you pick it up, or if you are a good DIY enthusiast you just improve on what you did. [...] because they are too fast for you so you just adapt and do whatever you can do. [EmpC1 – see also Case Study 2]

For most small business managers any discussion of health and safety issues tends to take place informally and on a day-to-day basis, rather than through formal consultation in the context of regular meetings. When formal meetings do take place in small businesses, they are more likely to be ad hoc and irregular. In none of the businesses visited was the workforce unionised, and only three had employee safety representatives [MI9, MW15, HW12]. In one these cases the business had experienced particular difficulties around compliance, including a serious accident, and had recently formed a health and safety committee under the guidance of a specialist consultant; the others being two of the largest businesses in the sample.

Some manufacturing managers stressed that the smallness of their business meant that it was easy for them to discuss and address with their staff any problems that might arise, including those relating to health and safety [MG4, MW14]. A number of managers additionally made the point that if any of their staff experienced a problem with their work or working conditions, they were easily accessible to discuss the issue on a one-to-one basis. For construction businesses, the impression conveyed by managers was that the manager/supervisor was constantly engaged in impressing upon employees the importance of safe practice and observance of the regulations. These same businesses, however, also drew attention to the difficulty they sometimes experienced

in persuading staff to adhere to health and safety requirements, an issue which will be addressed in greater depth below (section 3.4.2.3).

Some of the larger businesses had much more structured approaches to consultation or were in the process of developing such approaches [MW14, MI9, HW12]. In such cases health and safety was routinely dealt with as an aspect of regular team/ supervisory meetings. In one business, for instance, the workforce was organised into five-man cells, each with a team leader who would attend regular team leader meetings. These meetings were used both to disseminate information or actions to the team members and also to represent the views of team members to management [MI9]. In another, any health and safety and machinery issues were discussed in the weekly supervisory meetings [MW14].

The impression gained from most of the interviews was that smaller businesses tend to ‘advise’ their staff on health and safety and deal with particular issues as they arise, rather than ‘consulting’, in terms of deliberately soliciting the views of employees in a more formal manner, as is more likely to be the case in a larger organisation.

3.4 INFLUENCES ON ATTITUDES AND BEHAVIOUR

- Overall, the findings indicate that health and safety arrangements and outcomes are influenced by the interrelationship between activities of inspectors, the particular environment / market context of the business and various internal characteristics of the business, including a number of ‘cultural’ factors.
- The interviews provided little evidence of attitudinal and behavioural characteristics that can be attributed to particular ethnic groups. However, insofar as differences were apparent, interviewees themselves attribute this to the formative influence of prior experiences in different national/cultural contexts, the unfamiliarity of recent immigrants with the UK system and its expectations, and the language barrier experienced by some groups, but particularly employees.
- In terms of the characteristics and attitudes of managers within small businesses, motivations included: a view of good health and safety as being in the best interest of the business, including with respect to staff retention; staff training and development being viewed as a key element of business success; and a familial and/or paternalistic concern for staff.
- Some small construction enterprises had become subject to the stricter supervisory regimes and safety cultures (including training) enforced by large customers/contractors. In such situations it appeared that there could be some tension between the more informal work culture in small enterprises and the more bureaucratic and ‘rule based’ cultures of large businesses/organisations.
- A significant number of managers emphasised the difficulty they often experienced in persuading their staff to observe safe practice and adhere to the legal requirements. Construction businesses, in particular, drew attention to their inability to provide a constant supervisory presence on small sites and the problems that could arise from this.

- Some employee interviewees drew attention to a lack of management concern about health and safety and an unwillingness to invest in and enforce the use of basic protection measures. This lack of concern and unwillingness was seen by a number of them to stem from the degree of competitive pressure and associated drives to minimise costs and meet, or beat, deadlines through ‘cutting corners’ (a factor also referred to by managers).
- Some employees recounted instances where visiting inspectors were unable to properly identify and deal with health and safety breaches in their workplaces, partly due to the avoidance and diversionary tactics of managers. One of these employees articulated the dilemma he experienced of wanting the protection offered by the inspection regime, but also being fearful of a possible threat to his job should enforcement action be taken against the business.
- A recurring theme in many of the interviews, especially in the smaller businesses facing particularly competitive market conditions, was the issue of cost and the need to minimise costs in order to remain competitive and survive. Hence the cost of some health and safety measures was identified as a key difficulty by a number of managers and employees.
- The supply chain influences affecting some small businesses can be both positive and negative in character. While some large customers impose health and safety requirements on their suppliers, small businesses can experience considerable difficulty in meeting such requirements particularly where customers are simultaneously concerned to minimise the prices they pay their suppliers for work undertaken.
- Of those managers who had experienced health and safety inspection visits, some of these were very positive about the role of inspectors and the contribution they had made to improving the way in which health and safety was managed. However, a small number recounted more negative experiences, mainly relating to the manner and attitude of the inspector concerned, a perceived lack of understanding on the part of the inspector as to the nature of the business, and perceived inconsistencies in how different inspectors enforce the regulations and make recommendations.
- Managers mentioned a number of sources of advice and information which they had, or would consider, using. At the same time, it appeared that small businesses often face difficulties in identifying what are considered appropriate and ‘safe’ sources of information and advice.

3.4.1 The role of external and internal influences

A particular aim of the interviews was to explore the factors motivating health and safety actions and non-actions in greater depth than is possible in a telephone survey. Such influences, some of which have already been discussed, can be broadly divided into the role of external influences (including market/sectoral context and interactions with inspectors, customers, and other sub-contractors) and a number of more internal influences, including ‘cultural’ factors. These latter influences relate to the characteristics of the business and people within the business, in terms of the nature of the activity and associated hazards, business performance, management/organisational capability, and the attitudes of the managers and employees themselves.

This section therefore further develops the view that health and safety outcomes in particular contexts are best understood in terms of the interrelationship between external and internal influences. This perspective is further illustrated by two detailed case studies contained in Appendix 4 (p.135). The first of these cases relates to an employee interviewee who spoke of a number of concerns he had about the safety of his workplace, including fumes from the glue used for joinery, dangers around dust inhalation, and actual injuries sustained by work colleagues on a regular basis through improper lifting. With regard to the dust and fumes, although some personal protective equipment had been provided in the past when requested by concerned employees, the proper use of this equipment by all employees was not enforced by management. It appears also that there was reluctance on the part of the business to invest in protective measures and that employees wanting the protection would sometimes need to pay for the equipment themselves. The problem with this approach was particularly apparent where young and less experienced employees were concerned and at times when pressures to complete work to meet deadlines were particularly acute. Although a number of employees had been absent from work with back injuries in the past year, this had not led to any measures being taken within the business to address the problem. (Case Study 1)

In the second case study, a detailed account given by the interviewee who had worked in the building trade for three years, points to two key factors as impacting on health and safety: the highly competitive and fluctuating nature of the sector and the lack of any external moderating influence, i.e. in terms of the closer supervision that more typically occurs on larger sites and visits (or the likelihood of) from health and safety inspectors. This interviewee also emphasised the influence of the ‘culture’ of the workers themselves, including the manner in which newcomers are drawn into and become accommodated to this culture, and a tendency towards ad hoc improvisation and a readiness to take ‘short cuts’ in order to cope with the variety of work undertaken and to minimise costs and cope with deadlines¹⁶. This interviewee entered the building trade with a level of concern for health and safety that was perhaps untypical but who nevertheless overcame some of his fear and became increasingly accommodated to the daily risks he faced. This accommodation and loss of caution came about through a process whereby he was increasingly drawn into the work culture, through the example set by his work mates and their mockery of his initial sensitivity and caution, and in the context of the all-pervading ‘pressure of the job’ (Case Study 2).

3.4.2 The characteristics and culture of people within small businesses

This section focuses on the role of influences which can be attributed more to the characteristics, attitudes and behaviour of managers and employees, including ‘cultural’ influences.

3.4.2.1 The role of ethnic background

Differences in attitudes and behaviour related to ethnicity, insofar as they were recognised by interviewees, largely fall under three main categories: the role of prior experience in different national/cultural contexts, particularly where this involves people who have migrated from national environments where health and safety protection is less well developed than in the UK; the associated unfamiliarity of recent immigrants with the UK system and its expectations; the language barrier experienced by some groups; and practical difficulties (in some cases) related to

¹⁶ A recent investigative TV series provides some confirmatory insight here, particularly with respect to the negative consequences for some customers in terms of the quality of work undertaken by less reputable small building and roofing contractors, and electricians (‘Rogue Traders’, BBC 1, 9 January, and 13 & 20 February 2002).

the use of personal protective equipment. The interviews provide no evidence of any attitudinal or behavioural traits that could be identified as characteristic of particular ethnic groups.

A number of interviewees spoke of cultural influences in terms of the different attitudes and behaviour of people who have grown up in a different national culture, often with a different business environment and more minimal regulatory expectations:

The only cultural factor may be that Cypriots - we have Turkish Cypriots Greek Cypriots, we had Jamaicans, Italians - they are so laid back about it. Stuff like health and safety goes over their heads, they do not understand if they cut their finger why they have to put in the accident book. It is very laid back, they are not used to that kind of regulation in their own country. [MG3]

I am sure that in this area there are a lot of businesses running like sweatshops. [...] You know there are a lot of ethnic minorities here you have got Kurds, Turkish, Greeks. A lot of the times they still use the systems that they had back in their homeland. That means that there is no system. [...] And they are still working in the Middle Ages and they have got to be brought up to the 21st Century. [MG6]

[...] the people who are settled here, they made this country their home. The first and second generation - first generation is phased out, second generation is there now and they are partly aware of the system in this country. The majority of people who come over here – they are not businessmen and they do not understand the laws and legislation and their approach is different – so obviously to educate them we need to consider their cultural background and take that into account. [MP11]

Interviewee A: Those that have come into the country recently we find obviously have come from a completely different way of both social and cultural working and they don't see the value of good h&s practice or it's something that's never ever been broached with them before. [...]

Interviewee B: [...] and getting them to adopt new practices – become more h&s conscious – that is difficult. Some of it is cultural – getting them to realise that we are not doing it to make their life difficult – we are trying to do it to make them safer. [MI9]

The construction employee who had worked in the building trade for three years was of Turkish Cypriot origin; although he particularly emphasised the influence of the work culture of his colleagues, he was also emphatic that this culture was not related to ethnic background and that similar attitudes and behaviour were prevalent amongst workers of White/UK origin (see Case Study 2).

Language barriers were also highlighted by a number of managers as affecting their ability to understand the legislative requirements [e.g. RT20, RT25, HT11 and HC6]; although in many cases these problems were generally overcome with the help of members of staff, including family members. Some businesses raised the language barrier as affecting their employees and the difficulties they experienced in communicating health and safety responsibilities to their staff; in this regard two of the larger manufacturing businesses had invested in English language tuition for ethnic minority employees [MW14, MI9].

A couple of interviewees stressed the influence of educational background as perhaps the most important influence on attitudes and behaviour, i.e. that the higher the level of education, the more people are likely to understand and be responsive to health and safety requirements:

The only cultural factor I found important is the level of education for somebody who is running the business. I mean I trained at degree level, I understand why the health and safety is the way it is. So we have a very cautious approach here..... because of the attitude I have taken throughout the company. Our accident level is extremely low. [MAC2]

Finally, one interviewee drew attention to the particular difficulty of finding protective headgear that could be used by orthodox Sikhs:

.....if somebody is an orthodox Sikh then they've got to have a beard – that makes it very difficult if you can't engineer a problem away, like say a threat to the eyes – it can make the choice of glasses or face-wear extremely difficult to find – the soul searching we did over respirators. [MI9]

3.4.2.2 Other qualities of owner/managers

For those managers who appeared to be the most health and safety conscious and prepared to invest in protective measures, good health and safety was typically viewed as being in the best interests of the business, as part of a concern to treat staff well and thus retain them, and as an aspect of good house keeping [MG4, MG6, CT5, HG7, HT10, HT11, RII4]. Service sector businesses in particular also identified customer care as an important consideration, emphasising the interrelationship between external factors and management practices inside the business. A number of interviewees spoke of their concern to 'look after' the workforce, particularly in businesses which experienced difficulty in recruiting staff [e.g. MG4, MG3] and, in a few cases, this was related to familial involvement in the business or relations within the business that could be described in terms of a 'surrogate family'. On the other hand, it should also be noted that such expressions of concern were often related to the needs of the business, suggesting an attitude of 'enlightened self-interest':

I have got strong family bonds so I want to look after my staff as part of my extended family, so in that respect we are like mother and father, cousins and friends because if they have a problem I would like them to come to me. Because if it affects the work it costs me. If there is something I can help them with maybe a bit of advice, sometimes a loan to help them through a financial difficulty. If they have a bereavement obviously I give them leave because obviously you are sympathetic, caring employer. I am not just here to carry on my business. The thing you have to realise is that you spend more time with the people you work with than the people you love. If you do not get on with the people you work with you have got a problem. [...] I do not think people could now treat other people in the way they used to. Because the staff will move on. Even in this industry the staff are very mobile. If they find a better deal they will move on. You have got to treat them with respect. [MG6]

A few manufacturing managers referred to staff training and development (of which health and safety was considered an important aspect) as being a key factor in the success of the business:

Because firstly we want to be safe..... and we know it is a requisite for health and safety. [...] We just want to create an environment nice to work in for our staff. For a factory it is not bad here and if you go to some factories, you would probably think "Oh how can I work here?". But it is a nice environment to work here. [MG3]

We see the benefits [of training], commercially to the business as well, of developing people....To make more people aware of h&s, the more people who are aware of preventing accidents, then the better position we are in as a company because obviously then we will have a reduced absence because people won't be off ill because they've had, for instance, a slip or something. And it's also just to have a good practice in place – if everybody is working in the same way, using the same rules and regulations, it's much easier to make everybody move in a certain direction in terms of systems and the way they operate machinery and so forth. [...] we think that training does form a very large of part of the reason why the business is growing so rapidly because we spend a lot of time training our staff and they have a full understanding of our products and the business. [MW14]

Some businesses referred to learning through observation of what other companies do and networking [MAC2, CT5], and also the influence of new staff joining with experience from other

businesses [MAC2]. In addition, two construction owner-managers referred to more serious injuries they had themselves sustained in the past, and that these incidents had contributed to their ongoing concern to protect employees [CW3, CT5].

3.4.2.3 Behaviour of employees

A significant number of construction and manufacturing managers identified the behaviour of employees themselves as a main source of risk, one which they found particularly difficult to control [CI3, CW6, CI4, MG5, MT13, MI8, MI7, MAC2, MW15]. Included in this group were the two businesses that had experienced accidents which were reported to HSE [MAC2, MW15]. Most of these businesses emphasised the difficulty they experienced in persuading their staff to observe safe practice and adhere to the legal requirements. A range of behaviours were referred to in this respect, including: a general lack of care and safety consciousness; an unwillingness, in some circumstances, to use the required personal protective equipment; taking ‘short cuts’ in how the work was conducted; consumption of alcohol at lunchtime and then engaging in hazardous activities; and a reluctance to follow paperwork procedures. Construction businesses in particular drew attention to their inability to provide a constant supervisory presence on small sites and the problems that could stem from this, as the following quotes illustrate:

Staff would tend to ignore some things, take short cuts. [...] Sometimes we had to sack people if they didn't follow the standard. [CI2]

They won't listen a lot of them [...] they do what they want to do more or less if you are not there. [...] I give them a little booklet each and it all finished up on the back of a lorry: "Who wants to read that?" [CW3]

They [staff] don't always sensibly handle lifting. Certain people who have this sense of "I've always done it like this" sometimes it's difficult to say to them "you must try and put it on a pallet." Sometimes there is a sense of false economy as well – we are telling them to put it on a pallet and [...] they just want to "Oh, sling it over there and" – where they may cause themselves injury by their own carelessness [CI4]

Similar behaviour on the part of employees was highlighted by some manufacturing managers, primarily with regard to the non-use of personal protective equipment and the removal of protective guards on machinery [MG4, MG5, MI7, MI8, MT13]. In some cases managers had developed the habit of ‘turning a blind eye’ to such behaviour, particularly where they themselves felt that the risk was minimal:

What I also find is, unfortunately, with a few of the machinists - they'll take the guards off.

Interviewer: Why do they do that?

Because they prefer to work with the guards off, because they get in the way. No matter how much I tell them to put them back, they start complaining "they are just a hindrance". And what I would say is.... in the end I have to close my eyes, to be honest – they take the guards off, I leave them off, and in the last 16 years we've never had one single accident that the guards would have prevented. [MT13]

A recurrent example in clothing businesses relates to the chain mail protective glove which are required to be worn by cutting machine operatives. In six out of the seven clothing businesses visited, interviewees were quite frank that their workers did not use the chain mail glove or were reluctant to do so. At the same time, interviewees in these businesses said that they had the protective glove on the premises should employees wish to use it and in case it should be required to satisfy visiting health and safety inspectors. The reasons given for this non-use varied; some managers felt that the glove was cumbersome difficult to use and unpleasant to wear, while others

indicated that people were simply not used to wearing the glove. It should also be noted that none of the businesses visited reported any mishap through employees not using the glove. Although managers are clearly complicit in their toleration of such behaviour, it also appeared that inspectors acknowledged the difficulty of compelling the use of the glove. In this respect one manager stated that the inspectors he had encountered were mainly concerned that a glove was available on the premises:

There was an incident with the cutter where you have to wear a metal glove, but it's just the case that you have to have it on the premises, but its not a case of you wearing it.

Interviewer: This was your experience of the inspectors coming round – they looked to see that you've got things that you ought to have?

Yes [...] But as long as you've got them on the premises that's fine.

Interviewer: So the inspectors look to see that you've got it but they don't necessarily expect you to use it?

[Interviewee nods in acknowledgement] [MI8]

While such behaviour can be interpreted simply in terms of poor safety awareness and complacency on the part of employees (and employers), it can perhaps also be understood in terms of the desire of employee's to exercise discretion and choice in how they conduct their work, the reluctance of managers to adopt a stricter approach with people with whom they have close working relationships (and particularly with more valued/skilled workers) and also the greater tolerance of risk that people display in situations where individual choice and control are involved and risks are voluntarily accepted.¹⁷

This issue was raised with one of the key informant interviewees who had extensive experience within the clothing industry and was a Chartered Textile Technologist. He confirmed the non-use of the protective glove as a widespread problem in the UK and globally, and that the use of the glove was an important protective measure against potential serious injury. He also strongly contradicted the argument suggested by some interviewees that the glove was cumbersome and impractical to use, and further argued that this was an issue where, in his view, health and safety inspectors needed to take a stronger line given the clear dangers involved, although he also acknowledged the resource limitations of the inspection regime as a key difficulty here.

For some managers, the types of behaviour documented here were mainly explainable in terms of the educational background of employees. In this respect one of the construction businesses claimed not to have any real concern or difficulty around the behaviour of his employees; most of them were highly skilled and educated and hence took a more responsible attitude [CW8]. In the case of a manufacturing business, which had experienced particular difficulties, the owner/manager attributed these difficulties, in part, to the fact that some of his employees were poorly educated and, in his view, suffered from learning difficulties [MW15].

A final point made by a few managers was their view that the legal 'duty of care' overly emphasised the role of the employer and that there should be more of an onus on employees. In connection with this, one manager argued that a 'climate of opportunism' had been created which encouraged people to make unnecessary claims against employers.

The present health and safety system has created a structure [...] it induces an air of opportunity Rather than, where the reverse should be the case – that they should have a bit more responsibility to look after themselves. And I think the balance has shifted, especially the way that lawyers advertise very heavily – which didn't used to be the case. And what this has done – it's shifted the burden – ok

¹⁷ See the discussion of this issue by Adams & Thompson (2002), as referred to in Chapter 1.

the bigger organisations can afford a full time person looking after these matters, and they can safeguard themselves like this, but in a climate of opportunism it's almost impossible to look after everything. In a way... we think of our people as a team – I think this actually puts a wedge between us. [...] Too much is loaded onto the employer, especially the kind of ... solicitors hanging around every corner....[CI4]

3.4.3 External influences

The main external influences addressed here are the market/competitive context of the business, customer pressure and other supply chain influences, access to information, and the role of inspectors.

3.4.3.1 Market/competitive pressures and sectoral context

A recurring theme in many of the interviews, especially in the smaller businesses facing particularly competitive market conditions, was the issue of cost and the need to minimise costs in order to remain competitive and survive. Hence the cost of some health and safety measures was identified as a key difficulty by a number of managers and employees:

[...] people may laugh but those type of things cost you a lot of money, because at the end of the day everything is about money, as you know in this modern world – things are not about human beings – we pretend to make them like for human beings, but it all comes down to money. Here's a job for £500 – how can we make £50 out of it - 10% profit or not? Because if you don't do that somebody else is going to do it for £500 and take the job from you. A large company – he can use that ladder 200 places, because they've got millions of £s worth of [platforming?] jobs – you have got 5 – you have to ensure that you are spreading certain things over the 5 jobs. [CI3]

A couple of interviewees commented that they preferred to spend “as little time as possible” on health and safety because it was “not productive” [CI4, MG6]. It should be noted, however, that both these particular businesses clearly devoted a significant amount of time to health and safety management in response to the sort of customer/regulatory pressures previously described. For other businesses, however, the cost factor was an important factor restricting the amount of time devoted to health and safety management and staff training.

A number of manufacturing managers spoke in general terms of the difficulties their businesses were experiencing, particularly with respect to foreign competition in countries and regions of the world where labour costs are much lower than in the UK and where regulation is lighter. A number of interviewees also referred to their perception that there was lack of support in general from government for manufacturing industry, while one interviewee referred to the minimum wage legislation as a burden on his business. Some manufacturing managers also referred to recruitment of appropriate staff as a difficulty for them, particularly those based in London. [MG4, MG5, MG6] One interviewee emphasised the dependence of many neighbouring small catering and retail businesses on cheap labour, with the implication that health and safety in these circumstances is a lesser priority, both for managers and employees:

But looking at some of the small businesses especially in the catering industry I think they need to spend more time on health and safety. This is primarily because most of the people come from ethnic [minority] background and their businesses are done on cheap labour and the things that are required for health and safety are not normally applied. And I think in those areas, even around here, there are many who don't bother with health and safety. I don't know whether it is the responsibility of the council to do it, but nobody bothers to look into it and I'm sure if they looked into it lots of these shops would shut down. [RAC5].

Those businesses that appeared to be the most health and safety aware, usually the larger businesses, were often required to be so by a combination of the nature of the particular activity/process and the regulatory context and/or markets in which they operated (notably some construction businesses and the larger manufacturing enterprises involved in more hazardous activities). A number of interviewees also spoke of their wariness of inspectors and fear of punitive measures being taken against them, implying that this was an important motivational influence for investments in health and safety measures:

I am always in fear of draconian measures – that, you know, the government can come down and close you down. If some of these places are unsafe, if you are running a multimillion pounds business you cannot afford to close down, not even for one day - it would cost you thousands. So to employ somebody else to oversee the health and safety for you £2,500 a year - it has got to be good value. [MG6]

Some businesses appeared to exemplify a combination of circumstances and characteristics favourable to good health and safety practice, notably a large restaurant with 40 employees and with “no real competition”, and which had a dedicated health and safety manager (also responsible for food hygiene compliance) and a highly systematic approach to health and safety. Similarly, an electronics retailing business that was making “substantial profits”, claimed to conduct regular risk assessments and health and safety audits, to provide health and safety training for both staff and management if any new equipment was installed, and to carry out annual inspections of equipment and improvements to premises “as the need arises”. The owner-manager also pointed out that at the time of the interview there was an ongoing improvement of premises specifically to meet health and safety regulations.

3.4.3.2 Customer pressure and other supply chain influences

Customer pressure and/or measures taken by the business in order to appear more attractive to customers and potential customers was also significant in a number of cases [MG5, MG6, MI9, MP11, MT13, CI2, CI3]. Thus, the one car repair business visited was subject to the requirements of the insurance companies who deliver work (including health and safety requirements) and had adopted a management compliance system acquired from their trade association [MG6]. Two of the larger manufacturing businesses referred to anticipation of tightening legislation (including environmental legislation), reinforced by pressure from customers, and how this had triggered them into adopting a number of health, safety and environmental improvement measures [MP11, MI9].

Of the construction businesses where managers were interviewed, many were, through some of their work, subject to the requirements of local authority customers, large private sector customers or main contractors and also insurers who regularly visit sites, particularly the larger ones [CAC1, CI2, CI3, CW8, CW9]. The quotations given below illustrate the extent to which large customers / contractors acted to impose more concerted supervisory regimes (including training) in respect of the management of health and safety, and also the extent to which small business employees are often unused to such regimes and hence struggle to act in accordance with them.

On [large sites] we always have the people we work for, their people [mentions local authority and large contractors] they have their own h&s people who come. [...] they gave us a lecture and then their h&s people will watch us, whether we are following the h&s rules or not. And they have their own h&s people who monitor. And if you are friendly enough with them they will do your task for you,

in the sense that they will not come and tell you that the guy didn't wear the helmet – they'll go and tell the guy to put the helmet on. [CI3]

On large construction sites that's where some of our people struggle, because they're not used to working with the sort of rigid, hard hat, safety boots sort of thing. [CW8]

Two construction businesses further spoke of what they experienced as the burdensome nature of customer requirements in terms of the health and safety related paperwork expected of them. Comments from manufacturing interviewees in particular indicated that supply chain influences affecting some small businesses can be both positive and negative in character. While some large customers impose health and safety requirements on their suppliers, small businesses can experience considerable difficulty in meeting such requirements particularly where customers are simultaneously concerned to minimise the prices they pay their suppliers.

3.4.3.3 Role of inspectors

As indicated earlier, a number of the managers interviewed mentioned how inspectors had made them aware of relevant legal requirements and prompted the taking of legally required actions. In fact, about two thirds of the businesses had experience of inspection visits by HSE inspectors or environmental health officers (EHOs). At the same time, only one of the construction businesses had experienced the attentions of a health and safety inspector, although other construction businesses had experienced inspection visits in relation to the building control regulations.

Some of the respondents were very positive of the role performed by the inspectors, commented favourably on how they had been treated by them, and indicated that the improvements required by inspectors had not been difficult to undertake [MI7, MAC2, CW9, MW15, RB8, RG7, RG11].

I find the inspectors to be magnificent people because they'll come in, they'll sit you down and they'll advise you on the right line and tell you where you are going wrong and give you a certain date – they will tell you: "We are coming in on this date, please have everything rectified." [...] Regardless of whether they do come back or not is a different thing, but they've never been a nuisance to us anyway. [...] I find them to be very reasonable. [MI7]

[...] the inspector just came to visit the site one-day in late 1995 – just over a year after us actually having started here. And over a period of 18 months this particular inspector just came in out of the blue – literally, did his own sort of general inspection, came up with a 3 page list of all the things that he wanted to see improved and so on including improvement notices, all of which actually we fulfilled - I'd have to say, because at that time actually it was in fact under my direct management, not just ultimate responsibility. In fact having cleared the first three pages of the letter he then came up with a second 2 page letter of which we knocked all of those off until, by the end of 18 months of attention, I think he did, he left us in a much better condition than when he found us. But I have to say that he dealt with it very positively. [MW15]

Other interviewees were more negative about their experiences of inspection visits [MT13, MP11, MP10, MG5, RB6, RB7, RG10, H&PI7]. The main areas of criticism related to: the manner and attitude of some inspectors; a lack of understanding of the nature of the business; being compelled to make improvements which were felt to be unnecessary; and perceived inconsistencies in how different inspectors enforce the regulations and make recommendations.

Of the employees, only three were able to recall health and safety inspectors having visited their workplaces [EmpM1, EmpM2, EmpM6], while two interviewees recalled visits by EHOs, who tended to visit with greater frequency [EmpM6, EmpC2].

I have been here for 8-9 years. Hygiene people come more often than h&s inspectors. H&s do not even come once a year, to be honest, and they should come. [EmpM6]

With regard to the building trade, the one interviewee who gave the most detailed account particularly emphasised the complete absence of any form of health and safety regulation impacting on the activities of self-employed contractors working solely on domestic and small contracts. [EmpC1 – Case Study 2] The one form of inspection occasionally experienced by workers in this sub-sector was in relation to the building control regulations, which are exclusively concerned with the quality of structural work.

Two of the employees recounted experiences where they felt that inspectors had not been able to properly address concerns they had about their workplaces, one of them commenting as follows:

I am not disrespectful but they could do more in their job, that is my personal opinion. There are things in my bakery downstairs they could have stopped but they have not. That is another story. Maybe it is because I have been here for 8 years and I can see things that they can't see. I do not show them around [the manager does]. Often they don't even come into the bakery - they come in and they talk about whatever they talk about: they don't show up in the bakery. [EmpM6]

One manufacturing employee described in some detail how visits by inspectors were dealt with by the business, particularly in terms of inspectors being delayed in the office by the owner/manager while the supervisor went round the workshop ensuring that protective guards were replaced on the machinery:

The workshop foreman [approached me one day] - and it was a pillar drill that needs a guard on it, a screen on it, and he said: "Quickly, go and put that guard on it" and stuff like that. [...] They tried to get as much done as they could before the inspectors came. [...] they were kept up in the office for as long as possible. So they weren't allowed down, and we all rushed around quickly putting guards on machines. And if they hadn't actually finished in time they made it look like they were changing blades or a change in tools. [EmpM1 – see also Case Study 1]

This same employee articulated the dilemma of wanting the assurance offered by inspection visits while at the same time being concerned about a potential threat to his livelihood should the business suffer as a result of such attention:

The trouble is that the inspectors come round, and of course they're kept in the office, and you feel that you've got to run around and do... and make the place safe, because otherwise they could close you down and you could lose your job. So I think we're sort of torn between wanting them to see it how it is, but being a bit wary in case the jobs go. So I don't know how that can be resolved. [...] I think that's a bit of a 'Catch 22'! [...] when the inspector comes round, you're stood under pressure, even if you don't think the place is going to close down, you know? The older ones, and perhaps more valued members perhaps may not worry quite as much, but the younger ones, they think that if they don't do it then there's implications on their jobs. [EmpM1]

3.4.3.4 Access to information

Three general points that have implications for how health and safety is managed in small businesses emerged from the information gathered on who interviewees would first turn to if they needed information or advice on health and safety. First, the difficulties that small businesses sometimes experience in identifying an appropriate source of such information and advice.

Secondly, the reservations that some businesses had in terms of approaching health and safety inspectors because of their role as enforcers of regulations. Thirdly, the preference of some businesses to make use of the services of trade associations and other bodies.

Seven manufacturing businesses indicated that they would contact their local HSE inspector if they needed information and advice, although a greater proportion of service sector businesses (30 out of 49) indicated that they would make use of the local authority. At the same time, some interviewees expressed reservations about using inspectors/local authorities as information sources, as the following quotes illustrate:

On the other hand you are scared to get people down here because things you are adhering to...you are not sure - it is like opening a can of worms, they start with one thing and before you know it they have closed you down. You are scared to get them in because I could think that everything I am doing is right but they could come in straight away and say even here find ten things that are not right. And I think that some of them could be unreasonable. [...] in general I think everyone who has got a business does not want to bring anybody in. As much as you want their advice you are wary of it. [MG3]

No, because, to be frank, most businesses view them as a kind of – they say “look, do you want them to come nosing around you?”. There is this almost – “oh no, I don’t want to get involved”. We do the best we can, and we’ve taken preventative measures, but I think I would be being honest in saying that everybody feels a little bit like that. [CI4]

A number of business owners therefore indicated that they would approach their trade associations for information and advice rather than the council or the HSE [MI9, MG6, CW9, CI4, CT5, RB6, HC2, HC6, H&PC5, H&PI8, H&PP9, H&PW10]. Other alternative information sources mentioned included: LA clients [CI2, CI3, CAC1, CW7] and other large clients in the case of some construction businesses [CI3]; ACAS; the British Safety Council website service and phone line, contractors and suppliers [MT13, MG4, MI7], and colleagues belonging to the same trade association [RI13, RP17]. Finally, two businesses had made use of EMB associations [RP16, HC3], some of the manufacturers had made use of Business Link [MW14, MW15] and four businesses had made use of consultants: the two largest manufacturing businesses and one smaller manufacturer which had been subject to enforcement action on the part of HSE, and a builders merchant with 28 employees [MP11, MW14, MW15, CI4].

The experiences of those companies which had used consultants served to further highlight the difficulties that some businesses experienced in obtaining reliable information and advice from a ‘trusted source’. Thus, while the larger manufacturers recounted positive experiences, one of the smaller manufacturing businesses and the builder’s merchant related more negative ones. In these latter cases the consultant (also the insurers) had conducted an audit/review and paper trail and produced a written health and safety policy for the business. Both interviewees, however, indicated that any actual inspection/check of the premises had been very cursory and thus of limited practical benefit. In addition, in both cases the interviewees expressed considerable dissatisfaction with the service provided. On the basis of their experiences they had developed the view that such service providers preyed on the poor awareness and associated insecurities of small businesses to supply services which are of limited benefit and resulted in a volume of paperwork which was ultimately counter-productive. The following quotation illustrates how the builder’s merchant had experienced the service provided by a consultant over three years:

[The consultant has created] a paperwork structure which in actual fact makes it a lot more difficult for me. So in a way they are diffusing responsibility rather than helping us. [...] it’s just an endless list of papers going down to – kettle checked. So you know – the thing is that we have insurance from

them these people as well, so in a way its....my view is that it will be in their interest to give us this bags and bags of stuff, and we don't have the time to go through each bit of the paper structure – they could come and say “Yes, we told you that this is what you have to do.” [...] It's become an industry which encourages a climate of fear on the part of the employer. [...] Because if you look at it from a kind of common sense view – they are not providing us with anything that actually prevents accidents. [...] And it gives the h&s industry a bad name, it becomes an impediment to business. When we don't think it should be – a sensibly run business should try and be safe, isn't it? It's not an onerous thing..... [C14]

This same business had also invited their sector association to inspect their premises, and was much more positive about this experience:

....and they've given us very common-sense advice because they are like from 'our side' as it were. [...] because they took a similar view to us in terms of hazard – they are not going to try and ... [they gave] more practical advice, such as to keep aisles clear and don't try and stack things too... you know like common sense things. [C14]

The experiences of two further businesses that had been contacted by consultants offering their services also point to the difficulties that small businesses can face in this area. In one case the offer was not considered due to the expense involved (£3,000 per annum to advise on health and safety). In the other case, the consultant drew attention to a possible infringement of the Control of Major Accident Hazards Regulations (1999) (COMAH) regulations and offered their services to help the business comply. The manager who dealt with this issue was a highly qualified and experienced specialist in environment, health and safety and felt compelled to devote considerable time and effort in his attempts to clarify the issue, contacting a number of sources of specialist knowledge in the process, including suppliers. Eventually he contacted the HSE regional office, also submitting a report; the outcome of this was that he was advised by HSE that, in fact, there was no cause for concern since the regulations did not apply in this instance.

It is relevant to note here the further insight on this issue provided by a recent article and subsequent responses appearing in the official magazine of the Federation of Small Businesses.¹⁸ This article was highly critical of the services provided to small businesses by private sector health and safety consultants, highlighting the 'rip-off' culture of such consultants who, it was argued were using scare tactics to persuade small businesses into using their advice/consultancy, charging high rates (e.g. £600 per day) and also giving poor and/or misleading advice. In subsequent responses to the article, FSB health and safety consultant members claimed that they offered a better service than large businesses for the following reasons: as small consultancies they were particularly reliant on reputation and referrals and hence focussed more on meeting the specific needs of clients; by working through requirements with clients and helping them to write health and safety policies that are specific to the business, rather than producing 'off-the-shelf' manual type documents; and the importance they attached to encouraging clients to appreciate the advantages of good health and safety practice for themselves.

3.5 RECOMMENDATIONS OF MANAGERS AND EMPLOYEES

- A number of suggestions for improvement were made by managers. In particular, it was

¹⁸ T. Gillett, 'Taking Cover on Health and Safety', *First Voice of Business*, October/November 2002; see also response in Feb/March 2003 issue, p. 10. The article and published responses relate to small businesses in general and not necessarily EMBs, since the FSB does not have a high proportion of EMB members.

argued that inspectors needed to adopt a patient and helpful approach with small businesses and be more prepared to discuss the issues: overly officious and punitive approaches were viewed as counter-productive. Some managers also expressed a preference for help and advice on health and safety to be dissociated from any threat of enforcement action.

- Other suggestions for improvement include: the provision of better, more targeted (sector specific) guidance for small businesses; better and more consistent enforcement and more frequent inspections; simplified and clearer regulations, financial support and a re-balancing of the legal 'duty of care' away from employers and towards employees; simplified regulations; and financial assistance with compliance. Employees particularly emphasised better enforcement, more frequent and thorough inspection visits and the better availability of training and advice.

Interviewees were asked for their views as to how the system of health and safety protection could be improved from the point of view of small business and the people who work in small businesses. These views were sought for two reasons. First, because it was felt that the provision of an opportunity to comment on future policy developments would encourage a willingness to take part in the interviews. Secondly, because it was considered that such views would shed further light on attitudes towards health and safety and the factors that shape them.

The main improvements suggested related to: the approach and attitude of inspectors; the need for inspectors to have a better understanding of the industry concerned; the provision of better, more targeted information and advice; the creation of an advisory function separate from inspection and enforcement; better enforcement and more frequent inspections; more consistent enforcement; more simplified and clearer regulations and guidance; and a re-balancing of the legal 'duty of care' away from employers and towards employees. Employees particularly emphasised the need for more regular inspections and better enforcement, and the better availability of training and advice. A number of managers and employees had no suggestions at all; often because of their unfamiliarity with the system of health and safety protection and because they had not experienced any particular difficulties.

3.5.1 The manner and attitude of inspectors

Many managers (including those who had never experienced an inspection) spoke of their preference for inspectors to adopt a patient and helpful approach that embodied a willingness to discuss issues and negotiate improvement actions, rather than 'lay down the law', and a related preparedness to take into account the circumstances of the particular business. Overly punitive and officious approaches were generally viewed as counter-productive:

...sometimes inspectors come in as though they are detectives, like they are going to put you in prison or something – and that sort of attitude must change. They've got to be friendly people, not scare people. [MP11]

If those guys are more helpful it will make you try more harder, because they are not punishing you [...] Instead of taking the punishment view [...] because its not that people don't want to do it. [...] The idea is to be helpful to solve a problem and to understand that a smaller company requires more help and advice and time than a larger company, because of the resources. [CI3]

3.5.2 More inspection visits and better enforcement

A number of business owners were in favour of more regular inspections. Some managers expressed their belief that other, less responsible and less 'visible' businesses were able to gain an unfair competitive advantage because they were not complying with the legislation, and argued the need for a more stringent and consistent enforcement in this respect [CI2, MG6, CW3, CAC1]. Some businesses which had not experienced a health and safety inspection also expressed a positive attitude towards more frequent inspections and, in some cases, felt that this might benefit their business [MG5, MAC2, CW8].

....because we are a high profile garage in the area there seems to be one rule for people who are trying to do things legally and the right way and one rule for [others] which means that you have little garages in the back streets - they are using illegal paints they do not have any extraction, they do not have any licenses. If the health and safety people or environmental people come down we have to have records of where all our disposable waste goes, oil, batteries, VOC organic compounds. All this is licensed because we register for everything, we are on their lists but somebody down the road can cut corners and be more profitable because they do not have to comply with government regulations. [MG6]

Other businesses around here do not have to comply with the regulation so strictly and bear in mind they have the same kind of business as we have. Other businesses, for example, I do not think have a cleaning schedule or they do not look at the 'hazard' in their business operation. [MG5]

I think for any small business, the inspection, to be honest - someone coming round to see what you were doing - would be the most helpful matter. It's all well and good people talking through certain things, but to actually come outside and take a look [...] I mean, obviously everybody brushes up a little bit when they're expecting someone to come in. I've certainly found when we've had certain inspections from our insurers and things like that, that that's been quite helpful- for them to look at, notice anything that we've missed. So they're looking at the day-to-day things that effect our business. [CW8]

We would like them to come down and tell us how things should be and the new regulation that has been introduced. Perhaps an all year round contact with the LA people would be better. In addition, we would like to have more time to comply with regulation. That would give us more time to plan ahead. If somebody comes down and tell us: "You have to change this. Next week I will be here to check if you have done it". In that case we have to spend money immediately and maybe we had already planned to use the money to buy new machines or something else. [...] We would like them to call before they come over because sometimes they come over and we are very busy we do not have time to go around with them and so on. [MG5]

Finally, one construction interviewee also drew attention to the possibility of integrating health and safety advice with the system of building control administered by local authorities, although also appreciating the difficulty and cost implications for a service which he understood to be already stretched to capacity.

One thought that I had was if it could be linked in with Building Control – because Building Control visit all sizes of jobs that have structural implications so generally if a job is big enough to have a h&s aspect, an official written down h&s type aspect, then it will be big enough for Building Control. [CW9]

More regular inspections and better enforcement was the most frequent recommendation made by employee interviewees [EmpM1, EmpM2, EmpC1, EmpM6, EmpHPS5, EmpHPS8, EmpHPS4, EmpHPS9, EmpO1]. The building trade interviewee particularly emphasised that the use of personal protective equipment needed to be enforced by inspection; this particular interviewee drew attention to the paradox, in his eyes, that while the quality of the building work might be subject to the building control regulations, the inspectors responsible for this were unconcerned as

to how the work had been conducted and any consequences for health and safety of the workers. Other employees also emphasised the importance of inspection visits as an important mechanism for promoting and supporting safe and healthy working environments:

I'd like to see the h&s inspectors come in more frequently, because they only come in when there is a little bit of trouble or when they want to catch you on the hop, but if they were to come in regularly and then let you know how the actual factory is running, then I think it would help a lot – not just when they feel like it, you know? [...] Because in that way if something went wrong, and unfortunately we did have an accident in the past, it would be nice just to make sure that they can see in their eyes that we are trying our best to keep things ship shape. [EmpM2]

More visits from inspectors – I've just mentioned several different workplaces and I've never come across a health and safety visit. Closer monitoring, definitely. Because there are places that I've seen that are hazardous and people get away with it because [they are never inspected].

Interviewer: Were there any particular problems in these places..?

In restaurants – I often go to restaurants, where there may be a plug socket with a wire hanging out [...] or fire doors – which is quite obviously dangerous – not sufficient fire exits etc. there are a lot of places that are like basements and they also end up packing out these places with excessive people. [EmpHPS9]

3.5.3 An OHS advisory service for small businesses

Some businesses which had not experienced inspection indicated that they would welcome being visited by somebody who could advise them on health and safety but that they would rather this was not somebody who also had an enforcement role. In some cases this advisory function was already fulfilled through the business being a member of a trade association which provided such a service, albeit one which they had to pay for.

Yes, they could probably have like a small business advisor who is there to help and assist rather than to come round and audit and, you know, pick holes in what you've got. [...] if you had someone there who you could use as maybe a consultant who could come round and give you some advice and every time, say once a year or so, if you wanted to review your policies – that might be useful. [CW9]

I think there should be an advisor, who could be called something else [i.e. other than inspector] so that people don't feel that somebody is going to come and punish them... it's a fear of not knowing what their job is, so that they would feel that it's a kind of friend.. [CI4]

This latter interviewee also made the point that many people associated the HSE with major accident investigations, as reported in the national media, and that this reinforced the image of the HSE as a large and unapproachable government body.

3.5.4 Changes to the regulations

A number of construction and manufacturing respondents said that they found the legislation too burdensome or that it needed simplifying [CW8, CW9, MP11, MT13, CI3, CI4]. Some specific examples were given of requirements which small businesses found difficult to comply with on occasions or which were felt to be unreasonable, particularly with requirements around the use of personal protective equipment (i.e. helmets) and scaffolding in construction:

The thing is, if they come on to a typical site, you could say: "Well, look, fine - do you think our guys should be wearing hard hats in this situation, or not?". You know, fine, yes. That's a matter- they may

say, “well, yes, you are obliged to do it. Hard hats should be worn all the time”. But literally there’s no chance of anything falling because there’s nothing... basically there’s a ceiling above you, it’s only eight foot high! So there’s no problem at all. So that sort of thing. More realistic views, rather than the theory all the time. [CW8]

[...] and consider – like, I was having my house built and the bricklayers were complaining about the site, they were saying “when we are laying bricks on the ground when there is nothing above us, why do we have to wear hardhats?” They think it is ridiculous and impinging on their personal freedom, and I think a lot of people feel like that – that it’s gone too far. [...] there is a view that it is too procedural and too petty – there should be a more common sense approach. [C14]

Service sector managers in particular argued for simplification of the regulations and more exemptions for small businesses, but with few examples of particular measures they would like to see given. More generally, a number of interviewees argued that the guidance and advice needed to be more specific and targeted according to type of business (size and sector) and a few felt that there was a need for better availability of leaflets explaining the regulations in clear, simple English [CW7] and translations into other languages [MW14]. One interviewee, however, made the telling observation that there was no shortage of available information and that the problem for small businesses was finding the information that was specific to them.

It is important to note that a number of respondents, on the other hand, were explicit that they did not find the legislation too burdensome or complex [C12, MG4, CW3, MW14]. Some of these did, however, suggest that small businesses needed more prescriptive guidance.

My personal opinion is that at times the regulations aren’t prescriptive enough – they are too woolly, it’s too open to interpretation. It’s fine when you get something like COSHH which says: “If you use this then you must do this to make sure that you stay below the maximum exposure limit or the occupational exposure standard, which is this”. So if it’s prescriptive I think small businesses will know what they’ve got to do and they won’t inadvertently fall foul of non-compliance. [...] It’s too loose at times. [...] I think the guidelines – even if you leave the regulations themselves very broad in interpretation – there should be at least some for of, I’d say, more prescriptive code of practice or guidance notes that they can get. [M19]

...for instance the inspector would pathologically not tell us, they could not come up with a list or even say more than one option of preferred methods to give us controlled lift of tools. They just pathologically wouldn’t settle on anything. And in fact you can understand why: “We want to reserve the right that whatever you do and you have an accident – we want to get you, because we don’t want to be identified actually that in fact if you do have an accident, despite everybody’s best efforts, that we were somehow involved actually in you using that method”. And I thought that was – there was this kind of standoff. [MW15]

3.5.5 Financial help

A small number of businesses said that they would appreciate more financial help with health and safety [e.g. MAC1, MW15, CW9, H&PI7], particularly with respect to improvements requiring major investment (e.g. structural improvement to premises) and also with respect to training:

And especially free training – you can pay £400 a day to go on a course – its costing you double that because you are not being able to supervise the guys, doing other things...

Interviewer: How would you use the free training... [...]

If it was onsite it would be even better [...] If that were to be offered so you got a free visit to just chat about things – on a working building site or... but it all comes down to money though – the time and the people with the knowledge, because there aren’t that many h&s inspectors are there? [CW9]

More availability of training and information / advice was particularly emphasised by employees [EmpM1, EmpM2, EmpM6, EmpHPS5, EmpH1, EmpHPS1, EmpHPS2, EmpHPS4, EmpO2], while a couple also mentioned more financial help to small business [EmpM2, EmpHPS4].

4 EXPERIENCES AND VIEWS OF SUPPORT PROVIDERS, INSPECTORS AND TRADE UNION REPRESENTATIVES

4.1 INTRODUCTION

This chapter reports the findings of a series of interviews held with key informants in 12 intermediary organisations providing support to EMBs (henceforth referred to as ‘intermediaries’); 12 staff involved with enforcement (seven with HSE staff with experience particularly relevant to the project [mainly inspectors] and five with Local Authority inspectors) and two senior representatives from the trade union movement (one with the GMB trade union and one from the Trades Union Congress, who was also a member of the Health and Safety Commission).

Initially, details of those interviewed are provided. Subsequently, the findings obtained from the interviews are detailed and discussed below in order to explore four key and inter-related, issues: health and safety awareness in small businesses; cultural and other influences that impact on their management of health and safety; the nature and dynamics of health and safety enforcement in such businesses; and the current and potential role of intermediaries in raising health and safety awareness and standards in small business environments.

4.1.1 Providers of support

The intermediaries visited were mainly EM based organisations but included two organisations providing more sector and issue specific types of support to small businesses, although both these organisations also had considerable experience of assisting EMBs. One of these latter initiatives was aimed at Asian clothing businesses in Coventry; the other provided support around environmental, and health and safety management in North London. A list of the intermediaries, which were located in London, Birmingham, Coventry and Leicester, is given in Appendix 5 (p. 141). Two further organisations contacted did not respond to the invitation to participate in the study.

The interviews with intermediaries were loosely structured around the following main topic areas: nature of the organisation, including client base; the extent to which health and safety matters were of specific concern to clients; any previous or current involvement with health and safety related support provision; what potential there was for the organisation to play a greater role in health and safety support; perceptions of the main barriers to better health and safety management and views as to how these might be overcome; and perceptions of the role of ‘cultural influences’ on health and safety attitudes and behaviour.

As can be seen from Appendix 5, the EM organisations visited tend to be oriented towards serving particular minority ethnic groups, although a number of interviewees indicated that, in fact, they were not exclusive in this respect and their client base was more ethnically diverse than their name might suggest. All but one of the organisations had been in existence for a minimum of six years, while the two longest standing ones had been founded 30 or so years ago (average: 13 years). In terms of client base and influence, this varied considerably, with some of the better established organisations claiming to have several thousand businesses on their database, while others, particularly the younger organisations, typically referred to ‘a couple of hundred’ local business contacts. All of the organisations were involved, to varying degrees, in the provision of business support; this being mainly targeted at start-ups and micro-businesses in a variety of

service activities, particularly retail and restaurants. Only one of the EM organisations visited appeared to have any significant dealings with manufacturing enterprises and none had any significant role with respect to businesses in construction / the building trade. The two non-EM organisations, however, were both targeted towards manufacturing enterprises, one of these providing support specifically for clothing businesses.

The core services provided by the EM organisations were mainly in the nature of general business support, including help with preparing a business plan in order to obtain a loan, and marketing. Other services included English language tuition [MWH, CWCCA] and computer training [MWH, 3b BBA]. Sources of funding were often from government/EU programmes, usually channelled through the local Business Link, and/or from local authorities; in some cases other larger minority ethnic bodies and, in a few cases, membership fees. With regard to the latter point, although current membership levels were demonstrated to be low by the telephone survey (section 2.2.1.8), this does not fully reflect the influence of such organisations since many of their contacts are with non-members. Moreover, many of the EM organisations presented themselves as also playing an important role with respect to ‘community integration’ and providing a bridge between their EM constituency and the wider community, including officialdom.

4.1.2 Inspectors and Trade Union representatives

The remainder of the interviews were conducted earlier in the project (mainly between October 2001 – February 2002) and were aimed at providing an insight into the particular issues and problems faced by inspectors and trade unions in conveying health and safety messages and influencing health and safety behaviour in small businesses, and were also used to inform the design and conduct of subsequent stages of the research (see Appendix 6, p. 143).

The interviews with health and safety inspectors, management and support staff addressed the following main topic areas: individual experiences of dealing with small businesses, particularly ethnic minority businesses (EMBs); the level of health and safety awareness in small businesses; approaches and methods used in communicating health and safety messages to small business owner/managers; issues relating to the character of the UK legislation and small businesses; the extent and experience of engagement with workers/worker representatives; individual involvement in any specific awareness raising initiatives; and individual perceptions of the role of cultural influences on health and safety attitudes and behaviour in small businesses. These key informants were selected to be interviewed, with the assistance of the HSE contact officer for the project, largely on the basis of their specific experience in the sectors concerned and/or contact with EMBs.

Most of the HSE and Local Authority staff interviewed had accrued a number of years of experience in health and safety inspection and enforcement (an average of 12 years each, with a minimum of three years and a maximum of nearly 30 years experience). While three of the longest serving individuals were no longer involved in day to day inspections, each of these senior staff members had many years of prior experience as inspectors. It is worth noting the comment of one of the interviewees, that particular emphasis is given by HSE to recruiting individuals with good communication skills - clearly an essential quality in a job which involves a high level of direct contact, often in tense circumstances, with a variety of publics.

In terms of ethnic background, all of the HSE staff interviewed were of white/UK ethnicity, while three of the Local Authority (LA) inspectors were from minority ethnic backgrounds: two being black and the other being of Greek origin.

4.2 PERCEPTIONS OF HEALTH AND SAFETY AWARENESS IN SMALL BUSINESSES

- Intermediaries described health and safety as being of a low order of priority for most of the businesses they had had dealings with. The views of a number of these interviewees, however, derived, in particular, from their experiences with food business clients with respect to compliance with the food hygiene regulations.
- Inspectors described health and safety awareness in small businesses as ranging from excellent to very poor, but with the smallest enterprises in particular tending to be very poor, notably with respect to systems, policies and documentation.

Most intermediary interviewees were consistent in describing health and safety issues as being of a very low order of priority for the majority of their clients; one interviewee spoke, for example, of his perception that most of the existing businesses he encountered exhibited a “culture of indifference” in this respect. It should be noted, however, that for a number of interviewees this perception had developed as a result of their having been involved with helping food business clients overcome difficulties around compliance with the food hygiene regulations. Such experiences, although not strictly concerned with occupational health and safety, are referred to here because of the light they shed on small businesses’ attitudes and behaviours towards regulation and the enforcing authorities in general, as well as their approach towards investing in aspects of the business which may not be viewed as core concerns. Moreover, as the survey results demonstrate, many owner/managers appear to conflate the two sets of issues in terms of their attitudes towards health and safety.

The following quotes illustrate the typical views of intermediaries with respect to this perceived low level of health and safety awareness on the part of their clients, although it should be noted that the second quote in particular also indicates the danger of over-generalisation:

It's actually very concerning that [h&s] issues are not raised, and they are not raised because there aren't any issues but I think because h&s is a taboo subject; as soon as you mention safety, health and hygiene - suddenly blinkers go up and curtains are drawn and the shutters come down and there is a big, big blockage. [...] Health and safety is not talked about much, but I know there are concerns but they don't want to talk about it. [BABA]

The main ethnic minority businesses that we've dealt with have tended to be Asian but particularly Indian and mostly in the clothing sector. [...] it's difficult because the other week I would have said generally that they are much more concerned about productivity and getting the products produced at the end of the line, than they are about some of the underlying h&s issues. However, having said that, I went the other week to a new business which specifically wanted to get everything off on the right foot and wanted a h&s audit and an environmental audit and they were going to track back their ethical purchasing – a clothing business, Indian, and very concerned about those kind of issues, so it would be difficult to generalise. [CESMB]

Those interviewees in EM organisations that had experienced most engagement with health and safety and related issues identified difficulties around the food hygiene regulations as being of a greater concern for many of their clients. In this respect it is important to note that in general the interviewees indicated indirectly that the food hygiene regulations are more stringently enforced and/or more difficult for small businesses to comply with than those which relate to health and

safety, and that food businesses are more likely to have been the subject of enforcement action in relation to them. One interviewee was particularly critical of local food businesses for their lack of foresight in this area and their tendency not to seek help until they had already been threatened with enforcement action:

You see, often it's too late - the only times these things come to the forefront is when it's too late, when something's happened and inspectors have already been round, and then usually we get a phone call: "Oh my God....!" Often my answer is "No", Because it's a bit late for me to get involved then. I mean, we can help remedy the situation, we can help get people booked onto food hygiene courses etc... but I try to encourage people when they're setting businesses up to think about these things. [...] The risk assessment - when you mention that to people, they completely.... [makes gesture of exasperation]. [CBC]

Inspectors appeared to have a more 'rounded' perspective than the EM intermediaries on this issue, perhaps reflecting the greater variety of businesses they encountered (i.e. other than small food businesses experiencing particularly difficulty with food hygiene compliance). Thus inspectors typically described the level of health and safety awareness in small businesses as ranging from 'excellent' to 'complete ignorance', with the smallest businesses in particular tending to be 'very poor'. Some of the best small businesses were typically seen to be manufacturing businesses concerned to maintain good manufacturing practice and 'good housekeeping' on their premises, albeit that their knowledge of the legal requirements might be minimal (this factor was also emphasised by the two non-EM and more manufacturing focused intermediaries). A commonly identified failing in the health and safety arrangements in small businesses was a lack of appropriate health and safety systems and policies, particularly in terms of documentation. Common systemic failings mentioned, particularly in lower risk businesses, included: no statutory health and safety poster, no risk assessments conducted and a lack of basic training. With regard to immediate health and safety risks, these were noted to typically include: fire risks, faulty electrical wiring, unguarded machinery, and poor welfare provision (toilets etc). Under reporting of accidents was also identified as a common problem. In smaller, particularly low risk businesses, awareness of the existence and role of the HSE and the Local Authority inspectors was also considered to be low ("*a lot of people don't even know that we exist*").

In most cases inspectors attributed non-compliance with the legislation to lack of awareness, rather than any deliberate intent to evade the law. As two of the inspectors (one HSE and one LA) commented:

I wouldn't say it was an intent to disregard the law, rather that they don't see health and safety as an essential requirement of their business.

The main one is that: "It doesn't apply to us" – it's the first thing they say: "I just run it, my wife, my children - It doesn't apply to us" - or: "Oh, we only employ three people; health and safety - it doesn't apply to us."

Inspectors consistently identified the importance of external pressures, particularly regulatory pressures in the form of inspection visits but also, in some cases, the role played by large customers and/or the need to have health and safety policies and documentation before liability insurance could be taken out where some higher risk activities are involved. It is worth noting here that the frequency of inspections, as reported by interviewees, ranged from once every 5-7 years for businesses rated as 'low risk' to once every 1-2 years for premises rated as 'high risk'. It should also be noted that some interviewees made reference to the inspection difficulties that arose in relation to businesses that were not registered or that only existed in particular locations for a relatively short time.

Some well-established EMBs that had experienced inspections were considered to show a high level of awareness:

I go to a lot of Asian newsagents – absolutely fine, they know exactly who you are and they've even got things ready for you to look at before you even ask, so it's obvious that where they've been visited before, they are aware of what they need to do.

Once it's flagged up the responses can then be very, very different and it will depend on whether they are first or second generation – it very much depends on whether they are British born or they are first generation [...] so even looking at the ethnic minorities themselves it makes a difference how long they have been part of the British system

4.3 VIEWS ON CULTURAL INFLUENCES AND BARRIERS

- The main internal influences and barriers identified by intermediaries were: the lack of familiarity of more recent EM immigrants with the UK system; language barriers; the particular feelings of alienation and hostility that some EM groups hold towards officialdom and a related desire to minimise contact with regulatory officials; the characteristics of micro and small businesses and the owner/managers themselves (i.e. irrespective of ethnic background); and the resource constraints that limit the ability of small businesses to invest (both time and money) in health and safety measures.
- Ethnicity *per se* was not regarded as an influence, except with respect to language, which can be an important barrier to understanding the legislation for some EMBs. This problem can require particular initiative and patience on the part of inspectors to overcome. Some intermediary interviewees and inspectors, however, suggested that language difficulties were sometimes exaggerated by some EMBs as an excuse for non compliance. Furthermore, inspectors were more likely to identify language as a barrier with respect to the comprehension of employees.
- Social class and educational background were particularly emphasised by some interviewees as the main factors explaining different EMB responses to regulation.
- Gender and gender relations were seen as an influence by some inspectors, mainly in relation to the greater risk averseness of women and also the greater resistance sometimes faced by female inspectors on inspection visits to some businesses.
- Although inspectors identified external pressure as a key influence on levels of awareness and compliance, internal influences reported were: the stability of the business and length of time it has been established; the presence of a key individual who takes health and safety seriously and; the closeness of relations in small businesses.

Interviewees were asked for their views on the role of cultural and other influences on health and safety in small businesses. While attention was drawn to the particular concern of this project, namely to explore the influence (if any) of ethnic background, interviewees were also encouraged to reflect on the role of several other influences – language barriers, gender and gender relations, and the more general characteristics of small businesses - that could be broadly defined as

‘cultural’ in nature. Below, the findings obtained in respect of each of these issues are outlined and discussed in turn.

4.3.1 Ethnic background

For most interviewees, the main way in which ethnic background was seen to be an influence was in respect of prior experience of national contexts where health and safety is generally less subject to regulation and less championed by government and by other civic bodies such, as trade unions. In contrast, individuals from minority ethnic groups who had been born and educated in the UK tended to be seen as little different to their white/UK origin counterparts. These points are illustrated by the following quotes from intermediaries:

[...] many of our clients have had business experience abroad where h&s issues are far less important. So culturally the [UK] business culture is a culture shock for them – to come to a more regulated environment, and it does really take a lot to understand. [GBD]

This younger group here, their cultural register would not be significantly different from your average Londoner, and they will bring the same attitude as you will find amongst others, same experiences in terms of the education system. [BBA]

Although some intermediaries did refer to their impressions of differences between ethnic groups, this was mainly with respect to general approaches to conducting business, and not specifically in relation to health and safety, although one LA inspector identified food hygiene as an issue where cultural norms and practices can be an important influence. For a number of interviewees, however, the social class and educational level of the business owner played the fundamental role in shaping attitudes and behaviour:

It's an education and culture thing, so obviously if they're educated... the educated Asians and so on, obviously don't come in with that problem. So it's not the fact that they're Asian or Afghanistani or any other culture as such. [CCC]

It's more a cultural thing perhaps [...] of class, white class - not ethnic minorities - but working class, who is running a business [...], but not very well educated, not middle class in the Blair bracket of being well educated, going to university – he might have dropped out at 18, started a business and it's grown, because there is demand. There is one down the road with 25 employees – a few years ago he couldn't even sign a cheque, he had difficulty making two signatures the same, so he gave it over to his wife saying: "You look after the chequebook" because he was constantly being refused by the bank saying: "Sorry, your signature doesn't match". So it's not just ethnic minority culture but class culture. [SADP]

A further important characteristic of small businesses in general, but of certain EM groups in particular, was seen to be an entrenched suspicion and evasiveness towards authority, including that represented by government inspectors (African/Caribbean and Bangladeshi groups were specifically mentioned). Such attitudes towards authority were seen to be based on feelings of discrimination and unfair treatment as a result of prior experiences, but also on the extent to which a business owner is knowingly engaged in illegal practices.

With things like h&s, some of them see it as an embodiment of the government, as a cost for them - if the legislation is very complex they do not tend to bother. [...] But in terms of cultural differences, the African Caribbean community still perceive themselves to be discriminated against - any regulation is

not to help them but to make it difficult for them. We are addressing these issues - trying to encourage them to get into the formal economy. [3b BBA]

A lot of ethnic minority businesses feel that they have been harshly treated by authority - central and local. And they can point to a number of unpleasant experiences they have had, with h&s to some degree, with taxes etc. - so again it would be unfair to look at h&s and say that their perceptions are unjustified because their perception is based on different levels of authorities and types of authorities. [GBD]

Bangladeshis [...] are the minorities within the minorities - between India and Pakistan, the Big Two. Bangladeshis are considered even in the South Asian concept as second class citizens, forget the white/brown issue - even with the brown issue Bangladeshis are 3rd class citizens, so because of that perhaps there is a ...?

Interviewer: particular defensiveness?

Yes absolutely - to stand up for their own - they've had wars, they've been shoved here and shoved there - E Pakistan, W Pakistan - called it Bangladesh, shove it to the side, squeeze its borders. [...] So there are a lot of issues related to that and I guess its also a question of security or insecurity in this case, that everything they do is being scrutinised - which to a large extent it has, and Bangladeshi's have been under the microscope for quite a while. [...] so they operate their businesses even different from how most Indian and Pakistani's, who are more established here in a way, would operate and that not just in terms of h&s - if it's Inland Revenue, any issue: "We don't like inspectors coming onsite because they might discover things we don't want them to know about" - so there is that whole area definitely. I can't substantiate it with any research or evidence as such but more anecdotal and also experience. [SADP]

Inspectors similarly did not see any clear association between ethnic background and health and safety attitudes and behaviours and were more likely to emphasise the key role of external pressures, i.e. whether or not an establishment had been previously subject to regulatory pressure in the form of an inspection or, in some sectors, whether influence had been exerted by larger customer businesses:

There are two bits of industry where, due to other external forces, they sometimes do take health and safety quite seriously: in some textiles places and some food factories. That's because they are being inspected by, for example, Sainsbury's or Marks & Spencer's or whoever - they go around the factories checking that their hygiene and their quality procedures are up to scratch, and they are also sometimes - not enough, but sometimes - pushing health and safety as an element as well. And it's easier, if they've got a good hygiene management strategy and a good quality management strategy, then it's easier to graft on a health and safety management strategy. The textiles factories - the big shops, Top Shop and all the rest of them - often send inspectors around to check that the factories that are supplying them are up to scratch and they will come up with some of the basics for health and safety like a first aid kit, a first aider, a poster and an accident book - some basic stuff.

Although inspectors did not identify a direct correlation between ethnicity and attitudes to health and safety, a factor which was clearly identified was the length of time the EMB been established, and the extent to which the business/business owner had absorbed elements of the 'British system'. Businesses with the poorest health and safety performance were seen to tend to be recently established (often recent immigrants), pay their employees poorly (sometimes below the minimum wage and often on piecework rates), and typically have a low compliance profile across a range of legislation, including with respect to employment and taxation law, as well as health and safety.

Nevertheless, some inspectors did refer to circumstances where particular ethnic and religious backgrounds could be an issue, notably in the context of inspection visits, where inspectors might

need to exercise a degree of ‘cultural sensitivity’ in situations where behaviour is influenced by cultural mores and religious observance rather than an intention to be obstructive.

4.3.2 Language barriers

Language barriers were seen by intermediaries as mainly applying to recent immigrants; in this respect Arabic, Somali and Urdu language groups in North London were identified by one interviewee – groups which are not well provided for with respect to translations of the guidance literature. However, difficulties in understanding the written guidance were also seen to be a reflection of the educational level of the business owner/manager. The quote below illustrates this in respect of one interviewee’s experience of assisting Asian butchers with food hygiene compliance, and his view that these businesses were disadvantaged in their ability to take advantage of grant funded opportunities to assist with compliance due to the language barrier:

They have this legislation that they have to implement for the butchers and they have to have HAZOP in place and that was an expensive exercise because they have to go through this course, which is something like £2,500-£3,000. But we also understand that there was a heavy subsidy available to put people through HAZOP But unfortunately the ethnic minority community didn't get to know about it and they missed out on the grants. So when the legislation actually came very close – the food and hygiene inspectors went out and they were being very, very abrupt towards these butchers – basically saying either you have it or we shut you down and end of story. And you've got to look at the ethnic minorities, especially the Muslims – they have a lot of butchers... 50% of the meat industry is reliant on the Asian butchers in this country, and out of those 50% you are looking at 70-80% shutting down. This is a serious issue and the thing is they weren't being looked at sympathetically – it was basically, you know: “You had the chance, you didn't do anything about it – now you'll suffer the consequences.” Now that's nonsense [...] most of the butchers that exist within the Asia community are uneducated people – they can't read and write English, they might understand English, they might speak it, but they can't read and write. And if you send them a leaflet through the post saying: “There is the legislation, you've got to do this this and this” – if they can't read it, they'll bin it. And the thing is – the question was raised: “What other languages do you send this legislation out in?” “Well, none – there was no need for it.” What nonsense is that? [BABA]

More generally, most of the inspectors interviewed identified language as a significant barrier for some EMBs, particularly with respect to the legal requirement to produce written systems. Inspectors similarly emphasised the educational level of the owner/manager (particularly perhaps, whether or not the owner/manager had experienced any education/training in the UK) and the extent to which the business’s market context required the business to use English. The sort of difficulties posed by the language barrier are illustrated by the following quotes:

...if you go somewhere where English isn't routinely spoken, then standards in terms of health and safety do tend to be substantially lower, probably because of the cultural background. We've noticed that people maybe aren't as aware, probably because they don't speak English and because they are only fairly new into the country; they are isolated culturally from the way that business operates in England, in the UK, and they are just unaware of the standards.

...there is a hell of a lot of legislation for a small firm to get their head around, especially once they get to more than five employees – there is a lot of legislation that they have to consider and a lot of it involves written systems which may potentially be a problem especially if they are a small, say garment manufacturer, who is really working to the export market, so that even their trade route doesn't have to involve English as a first language quite often. Or they are dealing with other people from the same background for their shops or whatever...

One inner London LA inspector, in commenting on the language barrier in many of the businesses he was responsible for inspecting, mentioned that, in order to overcome this, he would routinely arrange for somebody to help with translation; often this would be another nearby business owner with whom he had already established a good relationship:

In the area that I deal with I have a very, very big language barrier because the majority of businesses that I deal with are Turkish speaking or Kurdish speaking and it's very, very, very difficult. Almost exclusively I would say that 90% plus of the premises I go into on a first hit without making an appointment – impossible. I have to arrange [...] to get somebody to come from a business up the road to come in and translate and even when they help, they are not aware of the message that I am trying to get across, so it still loses a lot even though they are trying to translate into English.

Three intermediaries and one inspector, however, emphasised that language, in their experience, was not the barrier that it was sometimes made out to be and that this issue was often used as an excuse for non-compliance, although they still thought that there remained a need for guidance in simple English to be made more widely available.

4.3.3 Gender

Gender and gender relations were seen as an influence by some inspectors, mainly in relation to the greater risk averseness of women and also the difficulties sometimes faced by female inspectors on inspection visits. In this regard, one interviewee referred to HSE commissioned market research on the construction industry that identified construction as a risk tolerant industry, and suggested that this risk tolerance was to a large extent rooted in “*the male machismo attitude that “I can walk on girders and not fall off” - this sort of syndrome*”.¹⁹ Another interviewee similarly argued that most people in the industry are fully aware of what the standards are, but do not necessarily act on this awareness, further indicating that the risk tolerant disposition of a predominantly male workforce also needed to be seen in the context of the pervasive competitive pressure to cut costs and meet deadlines in this sector. Hence this interviewee estimated that less than 5% of small businesses in this sector could be said to adopt a conscientious and proactive approach to health and safety.

Two other inspectors also referred to gender as a potential influence on attitudes and behaviour towards risk, notably in terms of women being more risk averse than men and also being more open to inspectors (or at least female inspectors). One female inspector commented:

The sex of the workforce makes a big difference too, if it's largely women or largely men. [...] Dry cleaners tend to be run by men, and most of the work tends to be done by men, with the exception of alterations and repairs that might be happening in the shop – there might be a woman doing that. Most of the packing, pressing etc tends to be done by men and therefore the atmosphere tends to be very different than if you went to a garment manufacturer where it would be predominantly women.

Interviewer: How does that actually make a real difference in terms of the level of health and safety awareness in the building?

[...] Female employees are more willing to talk to you than male employees are. Male employees are far more likely to say: “It's all fine” – the examples I was giving [previously] thinking about it, were largely where you would get a group of women together. Women will then offer it to you. Now whether they would offer it to me if I was a man, I don't know. [...]

¹⁹ Women are only 8.3% of the workforce in construction and 0.4% of the craft trades.

Interviewer: Do you think that women might be more health and safety conscious than men?
That's possible. I think that as a generality that's true across all cultures, and if something is pointed out to a woman she is less likely to repeat it. Whereas if it's pointed out to a man, he will then re-risk assess the whole thing for himself and he'll make his own value judgements as to whether he's faster than the machine or not.

4.3.4 The characteristics and 'culture' of small business

A number of the intermediary interviewees spoke of the greater role played by the characteristics of small business in general and of the typical small business 'mentality' or 'culture'. This was expressed in terms of the preference of owner/managers for autonomy and for a greater informality in how they conduct their business, and as encompassing a suspicion of government/authority (as previously identified with respect to EMBs):

You have got to listen to their mentality [...] And when you try to formalise a situation then that is where you will experience difficulties - they do not want to formalise a situation. [LABA/ABi]

In my experience the primary cultural issue is the suspicion of authority and the people of the local authority [...] and small businesses in general have a desire for autonomy. [GBD]

Interviewees also referred to the resource constraints that small businesses face. These constraints were seen to both limit the management/staff time available to attend external events, including training, and the ability of businesses to take advantage of small business support measures and appoint specialist staff:

A lot of them are sole traders, they don't have time and the finance to pay for specialist people. [3b BBA]

[...] health and safety training isn't cheap. [...] and more than the money, the time is the factor - small firms just can't afford to relieve somebody for a week - what happens to their work? [...] there are plenty of funding opportunities through the ESF or RDF, if you really have to get support to get somebody trained in health and safety [...]. It's not the [lack of] funding [...] And it's often the owner/manager, you know, he'll say: "Well, I don't have time for that" [...] with sole traders - he or she is the business, so if they are not doing the business, then she's lost, you know? [CBC]

A number of inspectors drew attention to the fact that, in their experience, the larger the business the greater the likelihood that they were able to afford to bring in external consultants/advisors to deal with health and safety, and to provide health and safety induction training. More generally, in many small businesses, particularly those categorised as 'low risk', conscientious approaches to health and safety were seen to be absent. In addition, where such an approach did exist, it was often considered to be based on what was described as a 'good housekeeping, common sense approach': an approach that several interviewees felt could lead to some of the less intuitively obvious hazards, e.g. in relation to longer term and more cumulative risks such as exposure to hazardous substances, being neglected. In relation to this situation, one inspector drew attention to the significant difference made by the presence of an individual within the business (usually a senior manager/owner) who takes health and safety seriously and went on to note that the larger the business, the greater was the likelihood of their being such a person who was prepared to champion a conscientious approach to health and safety.

One intermediary drew particular attention to the greater difficulty that small businesses could experience around persuading their employees to observe good health and safety practice: a

difficulty that was seen to stem from the fact that managers in small businesses sometimes find it harder to discipline or sack staff if they regularly contravene the health and safety legislation because of the close relationship they have with staff and the difficulty and expense that may be involved in recruiting replacement staff in some sectors and locations.

I think the other thing where small businesses and even big businesses fall down is that in carrying out work it is the employers' responsibility for all work which is carried out [...] and of course one of the problems now around here – particularly in the London area with employment as it is – is that a lot of employers don't want to sack somebody because it's difficult to get somebody back in again [...] And that's a very difficult issue for companies to get to grips with, especially when you have a situation, as you often do in small companies, where there is a very close relationship between the managers and the staff. In bigger companies it's a different kettle of fish because you've got somebody up there who is the h&s specialist – the problem with small companies is that they don't have a h&s specialist – so it does present real problems. [CESMB]

In relation to this lack of specialist health and safety expertise, this interviewee also drew attention to the problems that could arise, in terms of a potential conflict of interest between maximising output and profitability, on the one hand, and protecting worker health and safety, on the other, where the responsibility for both of these issues resided with the same person: a conflict which it was felt would be less likely to arise in larger businesses which had a functional separation between these two roles.

While these views concerning the characteristics and 'culture' of small businesses can be seen to broadly be compatible with the evidence referred to earlier concerning the higher injury rates in such businesses, it should be noted that one of the trade union interviewees did draw attention to recent TUC and HSE research which indicates that occupational stress is likely to be less of a problem in small businesses than it is in larger ones because of the lower likelihood of complex management/organisational structures giving rise to multiple demands on individuals who do not have the resources needed to meet them. In relation to this, it should further be noted that a number of interviewees made reference to the closeness of relationships that could exist in small, particularly family-owned and run, businesses, and observed that in such close-knit businesses there was a greater likelihood that adequate welfare provision would be made.

4.4 COMMUNICATING HEALTH AND SAFETY MESSAGES TO SMALL BUSINESSES

- Education and persuasion are the approaches preferred by inspectors and encouraged by HSE, in terms of achieving compliance, with enforcement action, particularly prosecution, tending to be seen as a measure of last resort.
- All of the inspectors interviewed displayed a high degree of sensitivity and awareness towards the particular circumstances of small businesses/EMBs and the difficulties they sometimes experience in meeting the requirements of the health and safety legislation.
- A number of interviewees emphasised the role of investment in health and safety as an aspect of good business practice and development; some interviewees, however, (both inspectors and intermediaries) pointed out that many small businesses they encountered appeared unpersuaded by the 'business case' for health and safety related investment. In this respect it was noted that there is a lack of positive evidence to help demonstrate to

owner/managers the existence of such a link in the context of their own or similar businesses and a related lack of incentive stemming from the fact that insurance premiums are insufficiently linked to good health and safety practice.

- Engagement with workers was identified as being an area of particular difficulty for inspectors, especially in non-unionised workplaces (i.e. most small businesses). Workers are frequently reluctant to speak to inspectors due to their not wishing to endanger their positions by being seen by the owner/manager as ‘troublemakers’. In this context, inspectors are conscious of the need to engage with employees about health and safety concerns in ways that do not threaten their future prospects within an establishment. With regard to EMBs, the language barrier was regarded as greater in relation to employees than with respect to managers.
- A number of recommendations for encouraging the adoption of good health and safety practice in EMBs were made by intermediaries in relation to the need for initiatives to be carefully designed to suit the characteristics of small businesses, and for HSE and local authority inspectors to cultivate a more visible presence and a more positive image with EMBs.
- Given the low priority typically accorded by small businesses to health and safety, it was felt that there may be considerable advantages to providing health and safety support in a way that is more closely linked to the more pressing concerns of owner/managers, i.e. profitability and growth, quality control/good housekeeping for manufacturers and, food hygiene certification and compliance for food businesses. In contrast, initiatives solely focused on health and safety were felt to be unlikely to appeal to the majority of small businesses.
- Other recommendations from intermediaries related to: the provision of health and safety advice that is separate from the enforcement function of inspectors (e.g. outreach workers); in-house training for businesses that find it difficult to release staff to attend external events; and ensuring that all new businesses are made fully aware of health and safety considerations and legal requirements at the start-up stage.
- A potential tension emerged from some of the interviews with intermediaries between the recommendation that inspectors adopt a more ‘business friendly’ and ‘coaching’ role towards small businesses and, on the other hand, a view that the regulations need to be enforced more vigorously and consistently. In relation to this, some inspectors voiced the dilemma they sometimes felt arising from their responsibility to enforce the law and the other pressures they faced to be understanding of small businesses’ non-compliance.

This section details the interview findings obtained in respect of a number of issues that relate, in broad terms, to the role of the law and inspectors in generating health and safety awareness and encouraging appropriate preventive action in small businesses. More specifically, the section considers, in turn, the following matters: the appropriateness of the current legislative framework relating to workplace health and safety; the approaches that inspectors use to carry out their role in small businesses and the factors that influenced how these are utilised; the types of persuasive techniques and tactics that inspectors employ in pursuit of their role; the extent to which ‘business case’ arguments influence the health and safety actions of owner/managers; and the methods that

inspectors use to engage with those employed in small businesses and the difficulties that they face in achieving such an engagement.

4.4.1 UK legislation and small businesses

The UK health and safety legislation is characterised by an approach which promotes self-regulation on the part of businesses, in consultation with employees, by setting goal-oriented duties. It has been argued that this approach disadvantages small businesses, which would prefer the clearer guidance of a more prescriptive approach.²⁰ Inspectors were asked for their views on this issue in the light of their direct experience of having to explain the legislation to small businesses. While some of the inspectors interviewed supported the view that the style of the legislation in the UK can be problematical for small businesses, views on this issue were not clear-cut; the main counter argument being that a more prescriptive approach based on checklists could be unwieldy:

....what they want... the ones who are quite good, the ones who are most receptive to you – what they really want is for you to give them a checklist. A typical response is “tell me what to do and I’ll do it”, which is fine, all very well. The problem with that in terms of managing health and safety is that it doesn’t get to grips with the key issue which is: is somebody there knowledgeable enough to cope with it, to deal with it and self regulate? The whole system in Britain is based on self-regulation - that is the theory behind the Robens report and the HASAW Act. So yes [...] they [small businesses] would like to see a much more straightforward “do this, that and the other, don’t do this that and the other” and be able to work through a checklist. [...] The problem is that you could end up with enormous checklists, trying to cover all the eventualities... and when you go into a factory for the first time, when you are inspecting you are doing a number of things – you are trying to cover all the bases, trying to look out at all the different elements that might be there: chemicals, machinery, welfare, management, communications with the workforce, transport, electricity – lots of different things going on and you’ve got to try and dredge your memory to try and remember all the different elements of ... you know – “I’ve seen that machine before, now what’s the problem with that machine? have they got it dealt with?” That kind of thing. On the one hand, from our point of view, if that were a checklist it would be an enormous checklist, but the other thing we are doing is we are trying to focus on “what is the main problem here, what’s the biggest problem here?” and then quickly focus in on that as much as possible and deal with the big problem. Now you can’t predict when you go into a place what the big problem is; you can have places that are fantastic on machines but are incredibly noisy, or they’ve got fantastic toilets andwhatever – you can’t predict what the main problem is going to be.

An example of the difficulty that can be experienced in trying to communicate some of the more complex legislation was provided by one of the LA inspectors. He identified a particular problem in Vietnamese nail and beauty salons, which are subject to the COSHH legislation because of the hazardous chemicals used in such activities. This inspector had seen a number of such business start-ups in his area over a short period of time, and most of these businesses were failing to use appropriate procedures for dealing with hazardous chemicals. The inspector concerned had experienced considerable difficulty in explaining the COSHH requirements to such businesses, and attributed part of this difficulty to the complexity of the COSHH legislation, combined with the lack of understanding of chemical hazards in an activity which many people (including the owner/managers of such businesses) understandably viewed as largely innocuous and risk free. This example, it should be noted, corresponds to the finding of previous research commissioned by HSE (Biggs & Crumie 2000), which found that most of the people working in the small businesses surveyed thought that the chemical products they worked with posed little or no risk, whereas in fact all the products in question had well-documented health effects.

²⁰ See, for instance, HSC *Review of Regulations*, 1994.

4.4.2 Role of persuasion versus enforcement action

Inspectors were asked about their experiences of attempts to communicate health and safety messages to small businesses/EMBs and the tactics they utilised to gain compliance with the legislation. The role of health and safety inspectors was, at the general level, found to involve a high degree of discretion as to how they carried it out, as the following quote demonstrates:

we have lots of roles, we have a kind of an advice/educational role, we are the enforcers, we serve notices, we prosecute, we cover the whole gamut, and there has been discussion in HSE that we should try and split the two roles and have advice teams if you like and enforcer teams.

Inspectors, inevitably, bring something of their own background, values and personality to bear in terms of how they exert influence and, in particular, strike a balance between persuasion and the application of more stringent measures: improvement notices, prohibition notices, withdrawal of approval, variation of licence or conditions of exemption, and prosecution. In addition, the interviews conducted with them indicated that they take a number of different factors into account when deciding which course of action to take, particularly with regard to assessing the genuineness of responses from owner/managers, in terms of how serious they are about addressing any problems identified and the extent to which they may be merely paying ‘lip service’ in order to satisfy an inspector:

*You have to weigh up the priority of different factors when deciding which of those courses of action to take. I think fundamental to that is making a subjective assessment of the attitude of the people that you are dealing with; it becomes very apparent when somebody is really paying lip-service and is nodding and making the right noises just to get you [off the premises] and I think in that sort of situation what you have to do is start to dig your heels in and tighten the thumbscrews a little bit...[...]
It's not about being a legal know-it-all; **it's about having the skill to gain commitment from people by the easiest possible means.** [emphasis added]*

Persuasion and education emerged as the preferred routes to changing health and safety attitudes and behaviour, with prosecution generally being viewed as a measure of last resort; in part as a result of HSE's long-established policy towards the use of formal enforcement action and, in part, because of a view among inspectors that a ‘hard line’ is less likely to elicit a constructive response. This approach was, moreover favoured, notwithstanding that inspectors often reported that most of the businesses they visit are technically in breach of the law.

Most inspectors expected to only deal with a small number of prosecutions per year (between 2-5). This low level of prosecution involvement, as well as reflecting the preference for persuasion and education discussed above, also stemmed from the expense and difficulties of undertaking prosecutions. For example, two LA inspectors related how their experience of delays in their legal department (arising, in part from resource problems) had contributed to some degree of reluctance to prosecute.

To conclude, the role of inspector was found to involve balancing pressures that can sometimes appear to be in conflict - between the requirement to enforce the law, on the one hand, and pressures from other directions to be more lenient on local businesses.

4.4.3 Persuasion tactics used by inspectors

In general, the inspectors interviewed reported that they rarely encountered managers who were overtly hostile or obstructive and, in most cases where the issue was clear-cut, owner/managers

responded favourably to their recommendations. Indeed, some inspectors reported instances where they had been able to develop constructive relationships with owner/managers, even in cases where they had at one time taken enforcement action against the same businesses. Nevertheless, it appeared that resistance was, on occasion, experienced. For example, reference was made to the difficulties that could arise if an owner/manager disagreed with an inspectors' judgement that changes are necessary, one inspector pointed out that "younger people tend to be more aggressive and less likely to listen than older people", and others, more generally, noted that their presence was not always welcomed:

I'm a government inspector who could be a VAT inspector or a tax inspector or a something-else inspector, who is seen as a pest at best, as somebody to be got rid of as quickly as possible. I'm an unfortunate interference in their work and occasionally you get belligerent people who really just don't want you there at all [...] occasionally – it's not common that. It's more: "Yes, yes, yes, we'll do what you say" - I leave and I've not a lot of confidence that they'll do what I say. [...] They are used to saying to various official bodies: "Yes yes yes I'll do this, tell me what to do, I'll do it, yes yes yes" and sometimes they do it and sometimes they don't. And if they do sometimes they don't do it very well.

Interviewer: And how do you deal with that [...] do you follow up in any way?

Sometimes, it depends on if I'm going past there again and I remember to go in – if it's particularly bad yes, I'll go back.

Some inspectors reported how they try to elicit a positive response by attempting to relate their judgements more closely to the interests of the business and potential adverse consequences for people within the business, rather than simply asserting the law. Others considered their ability to create a rapport with owner/managers as an important part of the process of eliciting information and gaining co-operation:

...there is an element as well in a lot of small workplaces where, if there is a bit of interest in what they are doing they actually quite like it [...] part of the trick of being an inspector, and where you haven't got a clue what's going on really, is getting them to talk about it, to tell you what's going on. And if you are genuinely interested in how you make yoghurt in an industrial situation then someone can bore the hind leg of a donkey explaining how you make yoghurt – it's their life, it's their work.

The importance of conveying information clearly and with a minimal recourse to jargon was also stressed by some of those interviewed. With regard to this, one of the LA inspectors referred to the difficulties he had experienced in obtaining health and safety guidance literature translated into the relevant languages of some of the businesses he was responsible for inspecting and an HSE inspector recounted the efforts he had made to have 10 HSE pamphlets translated into Turkish.

At the same time, inspectors who were themselves from a minority ethnic background spoke of how, on occasion, their own ethnicity (and sometimes age) appeared to provoke negative and, at times, overtly racist reactions, and went on to discuss how they attempted to deal with such reactions. One of the female inspectors interviewed similarly referred to sometimes encountering a reluctance on the part of male owners/managers to listen to her recommendations, and her sense that a male inspector would have encountered less resistance. Similarly, two of the male inspectors referred to instances they knew of where female inspectors had experienced resistance to her recommendations from some male owner/managers from certain minority ethnic groups, in terms of a culturally shaped resistance to being 'told what to do by a woman'.

A number of inspectors also emphasised the importance of identifying the most appropriate person on a premises. Depending on the nature of the business, this could be the most senior

person available. On the other hand, another inspector referred to his experience of dealing with Asian textiles businesses in Leicester and the key role often played by the daughter/son in such businesses, where they may be responsible for the administrative side of the business. This inspector also referred to the business accountant and the landlords of premises as potentially important routes of influence.

Other issues referred to included: the potential benefits to be had from encouraging businesses to learn from other businesses in the locality; the benefit of accepting hospitality when it is offered by an owner/manager in terms of 'smoothing the way'; and, in the event of a fatality in the workplace, sensitivity around how some religions deal differently with death.

Finally, cultural sensitivity appears to be a quality that most inspectors generally acquire 'on the job', although two of the inspectors interviewed appeared to have a particularly developed sensitivity to dealing with people from minority ethnic groups based on experience gained prior to their becoming inspectors. Some inspectors did, however, suggest that there might be a role for more explicit training in this respect.

4.4.4 The 'business case' for health and safety related investment

The inspectors interviewed were specifically asked their views and experiences with respect to the 'business case' for investment in health and safety. In this regard a number of inspectors argued that many of the small business owner/managers they encountered did not see health and safety related investment (including relatively minor expenditures) as 'value for money'. It was suggested by one inspector that part of the difficulty was the lack of suitable examples to clearly demonstrate a link between health and safety related investment and good business performance and that, statistically, most businesses are unlikely to have experienced a health and safety related issue having an obviously deleterious effect on business performance. This same inspector suggested that insurance premiums needed to be linked more closely to health and safety performance.

One of the trade union key informants advanced the case that a more purposive drive to improving health and safety in UK businesses, supported by better resourced enforcement, would have significant knock-on benefits for many businesses in terms of quality, waste reduction, and improved employee relations. This interviewee cited as examples a number of such projects in large businesses where trade unions had been involved in implementation; clearly, however, such approaches are not easily transferable to small businesses.

Some of the intermediary interviewees also spoke of their perception of the varying developmental potentials of the businesses that they encountered, and that a significant proportion of them were typically unreceptive to suggestions as to how they might improve and develop their business, including with respect to grant funded opportunities.

I think the main issue is, and it's one which impinges on health and safety and everything else, and that is a negative approach - it's difficult in some cases to get them to invest. And I don't mean money, necessarily, even time. You know, they can't somehow see the point, sometimes. You've got to, in effect, sell them what the purpose is, and what the benefits are likely to be. [...] Because they've been working like this for maybe ten years and they're sort of saying, "Well, what's wrong with it?" And then you've literally got to go around and say, well: "This, this, this, this..." you know? Try and sell them the improvements, and it depends on how receptive they are. [CCC]

This same interviewee had developed his own categorisation of the manufacturing businesses that he had visited, according to his impression of their level of good housekeeping (including health safety), and their likely receptivity to suggestions from ‘outsiders’ for improvement measures. For example, he suggested possession of a computer and internet access as a simple but important indicator as to whether a business has a more ‘go ahead’ approach. Another interviewee was particularly pessimistic about the poorest performing food businesses that he encountered and their apparent reluctance to invest in developmental measures such as training:

Food hygiene and food businesses - because they're the ones you hear about [...] there are always people trying to cut the corners, and you'll find the ones that are [apparently] not - they still do it, only very professionally, very thorough. And the ones that are cutting the corners are categorically cutting the corners. That's [always] going to exist, isn't it?

Interviewer: So you don't see it as the problem that it could be made out to be? Like some of these small businesses and particularly the small restaurants, they have problems with the financial side and...

Well, £57 pounds to get some retraining in food hygiene? Two days... two mornings, you know? You've got to weigh up your business. If you think you can't afford that... For example, last year, I ran 14 free food hygiene courses with approximately 13 people in each course. That's 150 people free, because I made an application to ESF. And the bookings were full as soon as I mentioned it.

Interviewer: So that went well?

Yeah, but if you mention to somebody £57 it's: "Yeah, I'll wait." So it's that mentality, that frame of mind, you know. But when they're stopped, first thing Monday, they say: "Look, I'll give you a hundred pounds if you can get me booked on it." you see what I mean? Then money is not an object, then getting the letter off me - you know, I could charge a handsome rate for it then. And I say to people: "But what about when I came to your shop with my clipboard, begging for people, and you said, 'Oh, I'm not interested, I can't afford the time.' And it was free? What about then?" That scenario I've been in a hundred times. [CBC]

It would therefore seem, on the basis of the interviews conducted, that considerable effort and care may be required to ‘sell’ the benefits to the business that might accrue from grant-funded opportunities and improvement measures, particularly in certain sectors. In this regard, for example, reference was made to how expenditure on health and safety in small construction businesses is limited by the low margins to which such businesses typically operate, the incessant pressures on schedule and cost that characterise the sector and the itinerant nature of the construction workforce. Similarly, with respect to minority ethnic textiles businesses, the short-term and fluctuating nature of the business/activity concerned was identified as a factor mitigating against adequate welfare provision.

4.4.5 Engagement with workers

Involvement of the workforce is recognised as an essential aspect of maintaining high standards of health and safety in the workplace and is an important element of the approach encouraged by UK health and safety legislation. For this reason, inspectors are expected to consult with workers and workers’ representatives on inspection visits.

Inspectors were asked about the extent to which they were able to engage with workers in small businesses/EMBs and their experiences in this respect. In unionised workplaces where a designated safety representative had been appointed, interviewees indicated that there was generally an acceptance on the part of owner/managers that inspectors will speak to the representative. However, in the majority of small businesses, where unions are not present, they

reported that there is unlikely to be a workforce safety representative²¹, and that in these situations consultation with employees was an area fraught with difficulty.

In some cases, most notably on large construction sites, it appeared that the line of communication between inspector and worker could be immediate and direct, although difficulties might exist with regard to an inspector's ability to talk to workers without the presence of a line manager. In many small workplaces, however, there is more likely to be an attitude, as described by one interviewee, of: 'We're all in it together and no-one is to criticise what the management is doing and everything is fine and dandy'. One of the trade union representatives commented in this respect that the very closeness that sometimes strengthens small businesses in health and safety terms²² also means that people in small businesses are less likely to seek or be open to help from external sources when problems arise.

However, where workers are reluctant to speak, the inspectors interviewed recognised that this is not necessarily based on feelings of identity and solidarity with the business, but may be attributable to the dominant concern of workers to protect their own positions and future prospects within the establishment. This feeling of insecurity and 'having a lot to lose' was felt to be particularly prevalent amongst workers from minority ethnic groups, particularly where they are employed on a casual, possibly illegal basis:

I do go out of my way to try and talk to employees, but its not always easy. Sometimes there is a big language problem. I go in usually in a suit and tie, or jacket and tie at least [...] they don't know who I am, I could be Immigration, I could be all sorts of people... or DHSS, or snoopers or ... I'm seen as a 'Man From The Ministry' - by definition, and therefore someone not to be trusted, by and large. [...] Particularly, I have to say, in ethnic minority businesses or with ethnic minority staff, lets put it that way - they've got a lot to lose and so I would imagine that their usual defence mechanism is to shut up shop and keep your head down.

Interviewer: [refers to issue of illegality....]

Yeah, dodgy immigration status or dodgy work status or worried about - in the textile industry workers are coming and going - you can go to a factory one week and there are 50 people there and you go back again a month later and there are 10 people there - it is a very casualised type of labour, people come and go depending on what orders are coming in [...] you can't tell what the hire and fire practices are of these places but I should imagine that if anybody sticks their neck out and criticises what is going on is liable to be the one that doesn't get the job again. [...] We're talking about groups of people who are not just difficult to access but also very... well part of the reason they are difficult to access is that they want to be difficult to access - they don't have a lot of experience of using the system for their own benefit. They are having to get by by being quiet - keeping their heads down - so it's quite difficult really.

It's not easy - I mentioned about not being members of recognised trade unions, in fact not members of trade unions at all, you'll find very little representation, so you didn't have someone who could stand out. If it was a sewing shop, a machine shop - you would find there were 50 women there and when you went to speak to them, none of them spoke English, that's what we were told, so you tended to find a male who would speak to you. The females wouldn't necessarily speak to you but a male would. It was not easy, and both the employees and the employer were very uncomfortable with that. The employees were uncomfortable because you'd selected them and they knew that their employer was not happy about it, the employer was not happy about it either. [...] When you're giving them copies of improvement notices, there were cases where you would just select someone and say: "I'm giving you this notice, can you put it up on the notice board" - and they'd say: "Don't give me a notice" - "Why

²¹ Although a couple of interviewees pointed out that, although a rare occurrence, they had encountered non-unionised businesses with employee safety representatives.

²² In this instance the interviewee had particularly referred to the issue of occupational stress as an area where small enterprises can be better environments than large enterprises/organisations.

not?” – “Well they’ll think I complained to you.” [...] I soon realised that if you tried to give it to a particular employee who has this worry that - I seem to remember in one case we got an employee rang me up and said: “Your inspector gave me a copy” and I said “Yes” and explained why and he said: “Well the company think that I rang you up and complained about this. Why did you pick me?” [...] So we had to find ways round this, to say: ‘Look, where is the notice board? I’ll put this on the notice board’ and it was better if you dealt with a group of them but again it would tend to be only males, the females would not be able to speak English, even the younger ones who must have been to school here would not necessarily even speak English or understand it.

While acknowledging the difficulties, all of the inspectors emphasised the efforts they made to speak with workers and outlined the types of strategies they employed to make themselves accessible to the workforce and to encourage workers to come forward with any concerns without fear of retribution from the business owner/manager. Methods of communicating with employees mentioned, included conveying information to the workforce as a whole, rather than to selected individuals, and openly leaving contact details so that employees could contact the inspector in confidence outside of the workplace. Some inspectors identified anonymous telephone calls from employees as important source of information.

One of the inspectors interviewed conveyed the impression of being particularly skilled and determined in her efforts to engage with workers, notably in terms of speaking to groups of employees alone, rather than ‘picking off’ individuals who might then be victimised for drawing attention to an issue:

....you do try and speak to people as far as you can. In those incidences I make a particular point of saying “I want to speak to these people absolutely on my own” and I try to speak to as many people together on my own, not pick off an individual. [...] we’ve got powers to do that. [...] if it’s a small workshop, lets say it might be a bank of sewing machines or whatever, and then I’d be able to talk to 10 women, and you’d be able to say arbitrarily: “I want to talk to that group of women over there and I don’t want any of you with me, I’d like you to go back to the office and I’ll get one of these women ... if you’re worried about me walking about the factory I’ll get the woman from somewhere else to walk me back and then what I will do is I will get them to explain that its ok to stop working, I want to talk to them and I’ll try and see who speaks English to try and find out if they all speak the same language.”

Interviewer: And what sort of response do you get – I wouldn’t be surprised if you were to get a bit of hostility from doing that....

No. generally its quite good, when you explain that I’m not here to criticise them and that I’m here to protect them and that I want to know from them if they are happy with their chairs, if they are happy with their sewing machines, have they ever caught there finger under the guard. Once you start saying that’s why I’m here and I’m here for no other reason...

Interviewer: So in most cases you are able to speak to employees when you need to?

Yes, I would say in most cases you are, in my experience in most cases you can speak to employees, but sometimes, even though our systems say “you must always speak to employees” and even though its not our mission to protect peoples employment – it’s our mission to protect peoples health and safety whilst at work, but not to protect their employment as such – you have to be mindful that they can be one and the same thing, at times, and if you’ve got any sort of social conscience you want to protect their employment status. So you have to very careful that you are not going to single out somebody who might then be victimised in some way, because we know that the whistle blowing legislation isn’t doing what it should [...]

Finally, while the interviews did not include any direct questioning of inspectors as to their personal feelings about the job, some interviewees spoke freely in this respect. The picture that emerges, particularly from LA inspectors, was one of a difficult role that tends to be under-appreciated by the public, and one that often involves dealing with tense situations and balancing conflicting pressures.

4.5 CURRENT AND POTENTIAL ROLE OF ETHNIC MINORITY INTERMEDIARIES

- A few of the EM organisations visited were already directly involved in the provision of health and safety support, although in all these cases such engagement had developed from more pressing requests to assist food business clients with issues around the food hygiene regulations. Such involvement included the provision of training (basic food hygiene and health and safety) and liaising with local authority Environmental Health Officers in relation to the particular problems experienced by food business clients around compliance.
- Most of the EM organisations interviewed were positive in terms of their willingness to become more involved in the dissemination of health and safety messages and support to client groups. An important proviso here, however, was that sufficient resources would need to be made available to support any increased role on their part.
- Specific recommendations as to how good health and safety practice might best be promoted relate to: the role of financial support; the importance of recognising the very low priority accorded to health and safety and the need for carefully devised strategies for overcoming this; the benefits of introducing health and safety considerations at an early stage to start-up businesses; the need for the HSE and local authorities to be more active themselves in terms of projecting a positive image and presence to EMBs; and the importance of inspectors adopting a persuasive and educational role, but also being willing to properly and consistently enforce legal requirements.
- HSE interviewees referred to a number of examples of constructive contacts with intermediaries (both sector and ethnic based) and involvement with awareness raising initiatives. A recent awareness raising initiative targeted at Turkish and Kurdish workers in community centres in north London would seem to provide a useful model for engaging with minority ethnic workers outside of the workplace.

In this section, three main issues relating to EM intermediaries are explored: the extent to which EMB support organisations are currently involved in the promotion of health and safety within small businesses; the views of such organisations concerning their future such involvement and the actions that can, more generally, be taken to improve health and safety awareness and performance in such businesses; and the degree to which the HSE and inspectors are engaging with intermediaries on particular initiatives. Each of these issues is considered, in turn, below.

4.5.1 Current involvement in health and safety support

A number of the EM organisations visited were already directly involved in providing some health and safety support, although in these cases such provision as there was had grown from a prior engagement with issues around the food hygiene regulations on behalf of food business clients. This involvement included the provision of training and liaising with the local authority EHO in relation to problems being experienced by particular clients around compliance and certification [BABA, MWH, CBC, GBD].

For example, Muslim Welfare House (MWH) had recently commenced running courses in Basic Food Hygiene and Health and Safety. The stimulus for this had come mainly from local halal butchers who were experiencing difficulties with EHOs around their non-compliance with the food hygiene regulations, with many of them being prevented from selling meat until they had acquired the requisite certification. MWH ran one course as an initial experiment and this was oversubscribed, the participants being mainly local butchers, restaurants, and shop owners. On the basis of this initial experience, MWH also started to run courses in Fire Safety Audit and Risk Assessment (particularly for warehouses) and Health and Safety. MWH business advisors also refer clients seeking more mainstream help to such courses where they feel there is a need.

Both the Coventry Bangladeshi Centre (CBC) and Coventry & Warwickshire Chinese Community Association (CWCCA) had also run Food Hygiene courses; in the case of the CWCCA these being delivered in Cantonese and usually ran on an annual basis in collaboration with a local college. In both these cases, however, the organisations concerned had not progressed to providing health and safety training since there had been no demand for this from the client groups concerned, which mainly comprised of restaurants.

In the case of the Coventry Clothing Centre, although none of their support was exclusively focused on health and safety, good practice in this respect was claimed to be promoted as an integral aspect of good business practice, and the aim of the Centre to encourage and support local clothing businesses to adopt such practices and hence gain more work from the large clothing outlets.

4.5.2 Potential role of EM intermediaries and recommendations

All of the interviewees bar one responded positively when asked about the extent to which their organisation might become more involved in the dissemination of health and safety messages and support. It should be noted, however, that two of the EM organisations originally contacted did not respond to an invitation to participate in the study; hence not all such organisations may well be so disposed to this role.²³ In addition, the scope for using such organisations as conduits for disseminating health and safety messages to EMBs is limited by their patchy spatial coverage and low level of use by EMBs, as the survey evidence demonstrates. Some of the interviewees who were open to the possibility of an enhanced role for their organisation, however, emphasised that such a role would need to be properly supported in terms of funding [BBA, CBC, GBD]. A further critical point emphasised by some interviewees related to a frustration that, in their experience, public consultation exercises (such as this one) frequently do not result in recommended actions being taken.

A number of specific recommendations were put forward by those interviewed with regard to how good health and safety practice might best be promoted. These related to the following issues: the provision of financial support; the importance of recognising the very low priority accorded to health and safety by small businesses and the consequent need to carefully devise strategies for overcoming this; the benefits of introducing health and safety considerations at an early stage to start-up businesses; the need for the HSE and local authorities to be more active in terms of projecting a positive image and presence to EMBs; and the importance of inspectors

²³ The role of key contacts in such organisations acting as ‘organisational gatekeepers’ needs to be noted in this respect – for instance, one interviewee expressed surprise that a ‘sister’ EM association contacted had not responded positively to an invitation to participate in the study, suggesting that the ‘wrong’ person had been contacted (albeit this was the contact listed on the organisation’s website).

adopting a persuasive and educational role, while at the same time ensuring that regulations were properly and consistently enforced.

With respect to the role of financial support, some interviewees indicated the need for such support to help small businesses implement compliance measures which are particularly costly. As regards, addressing the low priority accorded to health and safety by micro and small businesses, a key issue identified was the importance of developing targeted, simplified and demystified messages, as the following quotes illustrate:

And quite often the blurb that comes out is too complicated, and then if you add to that a language problem - you've got no chance, because they just don't read it. [CCC]

...obviously if all sorts of DTI and local government bumph is just disseminated out to them they won't understand it - it will just go in the bin or in a pile of paper that nobody's ever going to read or understand. [CCC]

If I said one single thing, that would be it [i.e. to demystify/simplify the leg. requirements]. Getting rid of that smoke screen and saying, this is what health and safety means. You're already doing it, but let's dot the i and cross the t. [CBC]

A number of interviewees also emphasised that health and safety messages are best promoted in conjunction with issues likely to be of more immediate concern to most business owners, namely issues around business survival, profitability and/or growth.

The h&s message is something that would need a very delicate approach. We would have to be really creatively think how we can link the importance of h&s with our core services and try and develop an understanding of that link. I think that if we push the h&s it would be very difficult to get a meaningful response. [...] I believe that the appropriate response would be to find the right point of engagement regarding h&s. Their perception is that h&s procedures are punitive, and reactive, so you need to turn the coin to the other side and look at how to deliver h&s that is corrective. And actually add value. If for instance the h&s message is a quality one, how can we ensure that accidents don't happen at work? The electricians, where they put their furniture - if they can see a practical advantage in embracing h&s issues then you can develop or deliver the broader h&s. Once trust has develop you can deliver broader h&s messages, and they can understand it. [GBD]

One interviewee referred to a particular event that his organisation had run, with the support of HSE, where health and safety had been promoted in the context of programme that had been marketed as being primarily about business profitability and 'networking'.

Two and half years ago we did a very small event on h&s issues [...] The way we sold it was not about h&s issues but about networking - we had guest speakers who talked about how to make the business profitable and on the back of that we have got h&s people to say a few words. [...] that worked well. There is a lot of scope. It is how you deliver. For example, we have about six programmes now. We can hide [speakers on h&s] behind them. [...] And mostly you know, because we work very closely with these guys we have a fantastic reputation, most of the time, we can pull this into an event, we do 30-40 events a year from 12 people to 150 people. We do a very big event each year which could be on anything. But if I was to do it on h&s I would not get many people. If I was to do it on 'Successful Businesses' and in talking about success a discussion somewhere in there about h&s issues. [LABA/ABi]

This interviewee also emphasised the greater impact of direct person to person contact, and also the potential of using 'outreach' workers to advise on health and safety who understand and are trusted by the particular business community but are dissociated from any enforcement role. Also

highlighted was the value of engaging key individuals who have particular credibility with particular target groups.

We are going through a period of capacity building and developing relationships with the key people in the local community. One of the useful findings is that over the last couple of weeks is that if we could identify key active ethnic minority community groups and engage with them, we could deliver our services using key officers in those groups as facilitators and they help us to get the message across and we found it very useful because one of the problems, although it is not limited to us, is that even though we have something to offer it is very difficult to convince people that we have got something to offer. But if we can get something or somebody that they know to get the message across then it is easier for them to get the message. For instance, we are working with two key Asian trade associations in the borough mainly because we wanted to increase the benefit to Asian communities. We, in working with key officers in those associations, met with them on one or two occasions and telling them what we wanted to do and “can you help facilitate our delivery of our services to your members?” We have discussion groups - you are pressed to get one or two of those to participate. But once we had got key officers involved we saw a huge difference in the response. In terms of the h&s, I think we can achieve very similar results in terms of getting the message across. [GBD]

One interviewee particularly emphasised the potential of offering in-house training to small businesses, given the difficulties that such businesses have in releasing staff in order to attend external events.

[...] and I want to try and see if I can try and get something going, but it wouldn't be centralised, because that is a definite problem, because you won't get people released from these small businesses, because to them, you know, when they employ 10, to release one is 10% of the production gone, you see? Whereas, what has been run apparently has been in-work training. And that's something that I'm looking at to see if we can get that reintroduced in some form. I don't know quite what the potential is. [CCC]

Another suggestion related to the importance of influencing new businesses at the start-up stage, before indifference to health and safety and poor practices became established.

...but I try to encourage people when they're setting businesses up to think about these things. [...] [There should be] emphasis put on the fact that the door of your business should not be open unless certain criteria are met. [...] I think what needs to happen is the health and safety issues must be compiled before the business is allowed to start. [CBC]

With respect to the HSE and local authorities themselves, it was argued that there was a need for the health and safety function of government to be more visible to small businesses / EMBs. It was also felt that there was a need for the HSE to present a less threatening and forbidding image, and for local inspectors to be more approachable as sources of help and advice.

What needs to come out of this report is some sort of initiative to try and bridge the understanding gap between the ethnic minority communities and the HSE officers – a great big gap that needs to narrow. They need to be a lot more proactive into going out and visiting – not individuals necessarily but going out to events and showing their faces and talking to people in a friendly tone rather than in a business environment. They need to do a lot of work in that area to improve things. [BABA]

But also I think the HSE has not positioned itself astutely in marketing itself. I think there is a tremendous confusion about what it is about [...]. And as a consequence, negative attitudes are there. And I think to get through that, something needs to be done, not with the HSE necessarily but with the intermediaries which I think have a level of intimate communication with the business community. [BBA]

Further recommendations were advanced in respect of the attitudes and approach of the inspectors themselves. Although most emphasised the need for a greater persuasive and educational approach some of the same interviewees also argued that there was a need for more stringent and consistent enforcement on the part of inspectors. The tension between these apparently conflicting recommendations is particularly illustrated by the following quote:

My feeling is that that small businesses see the HSE as wielding a big stick and they will only get involved with the HSE if there are real problems. I think that the Environment Agency, on the environmental side of things, are trying increasingly to portray themselves as a source of advice and help as opposed to being the prosecutors of the government's environmental legislation and trying to take a pro-active stance on all this kind of stuff on the environmental performance issues – they are there for companies to go and ask for advice. I think the HSE need to get themselves into that kind of position because if businesses feel that they can go to somebody for some impartial advice, that is correct advice, that is going to put them on the right track [...] it's a difficult line to tread but my feelings would be that they would be better advised to go down the advice and supporting route rather than the prosecution route. [...] It's not that they don't give enough help and advice but it's creating the culture that they are seen by businesses to offer that service and that seems to me to be the trick that they need somehow to be able to pull off – it's kind of like the iron fist in the velvet glove kind of thing: "We'll be nice and gentle and soft with you if we can but if we have to be we will come down hard." [CESMB].

4.5.3 Inspectors' engagement with intermediaries and awareness raising initiatives

Senior HSE staff interviewed, in particular, referred to a number of examples of contacts with intermediaries and involvement with awareness raising initiatives. For example, reference was made to how, on the issue of asbestos in the construction industry, contact had been made with a range of different types of intermediaries, including larger employers. One of these interviewees also referred to an instance where a Kurdish community centre had been used to address Kurdish workers on the risks associated with exposure to asbestos.

A number of the other HSE staff interviewed also gave examples of such engagement with intermediaries. For example, with respect to problems around COSHH in the nail and beauty industry previously referred to (section 4.4.1), the LA inspector involved in this issue reported how he had liaised with the trade association dealing with nail and beauty products in order to produce an information package that could be supplied to such businesses. This initiative was reported as having had some limited success: *"I wouldn't say a fantastic amount – it's raised a bit of awareness"*. The workplace contact officer interviewed similarly spoke of the Joint Operation on Fashion Industry Team (JOFIT): an initiative targeted at the fashion industry which involves co-ordinating the actions of a number of Government departments, including Customs and Excise, the Inland Revenue, the Benefits Agency and the HSE. Other initiatives and forums in which HSE was reported to have been involved included the Birmingham Health and Safety Association; the Motor Vehicle Repair Health and Safety Forum; the Knitting Industry Federation; and Leicestershire Occupational Safety and Health Association.

With regard to EM organisations with which interviewees had had some involvement/contact, these included the Leicestershire Asian Business Association (although apparently HSE involvement here has lapsed in recent years) and the Birmingham Asian Business Association. With regard to the Leicester Asian Business Association (LABA), the inspector concerned became involved with this organisation in relation to the issue (previously referred to) of how best to deal with complaints from Asian businesses directed at other Asian businesses; complaints which appeared to be more a manifestation of mistrust and conflict between ethnic groups than of

genuine health and safety concern. The inspector in this case was able to enlist, via LABA, the help of senior representatives of the community to deal with the non-health and safety issues.

A particularly interesting project initiated by a London-based HSE inspector involved a series of health and safety awareness raising seminars aimed at Turkish and Kurdish workers in three different community centres in the London Boroughs of Hackney and Haringey during January/February 2001. The seminars involved over 150 attendees and appear to have achieved a degree of success, both in terms of increasing awareness of those involved of the role of HSE, and of the duties of employers and the rights of employees. A significant finding was that 75% of respondents to an evaluation questionnaire had never heard of the HSE. Furthermore, and perhaps unsurprisingly, while the participants appeared appreciative of the presentation, much of the questioning and discussion that took place was focused on concerns around employment rights and the minimum wage legislation, rather than on health and safety. The inspector who initiated the project himself commented:

It's important to understand, I think, that for newly arrived immigrants in a hostile environment, which is what they are in, their social network or their community centre, or the place where they all hang out together – the caff or whatever; if you can get in there I think you can potentially have quite a big impact. If you can get the Kurdish community centres along pushing the idea that there should be a safe workplace [...] this is how you go about it. You've got more impact I think, necessarily, than going through the management of individual companies. And the community centres themselves were very helpful and receptive.

This example appears to provide a useful model for engaging with workers who are otherwise difficult to access and which is deserving of further investigation.

4.6 SYNTHESIS

This chapter drew on the interviews conducted with health and safety inspectors, trade union officials and representatives from intermediary organisations providing business support to EMBs to shed light on a number of issues relating to four broad and inter-related, themes: health and safety awareness in small businesses; cultural and other influences that impact on their management of health and safety; the nature and dynamics of health and safety enforcement in such businesses; and the current and potential role of intermediaries in raising health and safety awareness and standards in small business environments.

In general, interviewees, although acknowledging that health and safety awareness and standards vary widely among small enterprises, reported that in their experience the issue of workplace health and safety was accorded a low order of priority, particularly in the smallest organisations. This situation was only partly seen to be associated with factors related to ethnic background, such as the lack of familiarity of recent immigrants with the UK system, feelings of hostility and alienation among some ethnic groups towards regulatory officials and language barriers. Indeed, far more emphasis was placed on a number of broader internal and external factors, including a lack of financial resources and specialist knowledge, the stability and length of time a business had been established, the attitudes held by owner/managers and the degrees of external pressure exerted by inspectors and large business customers.

Inspectors indicated that they preferred to rely on education and persuasion to achieve improvements in health and safety standards and in doing so appeared to display a high degree of sensitivity towards the particular circumstances of small businesses/EMBs and the problems they

sometimes experienced in complying with legal requirements. They further suggested that most owner/managers were receptive to their suggestions for improvement, although it was noted that many small businesses were not persuaded by 'business case' arguments. At the same time, examples were given where it had proved necessary to take direct enforcement action and reference was made to the difficulties that inspectors face in securing a meaningful engagement with workers during inspections.

Some of the ethnic minority intermediaries had been involved in providing some limited health and safety support, notably through the provision of training and the holding of seminars, and liaising with local inspectors. All bar one of them also expressed a willingness to become more involved in the dissemination of health and safety messages and support, although several pointed to the need for adequate funding to be made available to support this role. As regards what could be done to improve health and safety standards and awareness, a number of specific suggestions were put forward. These included the provision of financial support, the greater use of in-company training, the incorporation of health and safety into more generally focussed seminars and conferences, the utilisation of intermediaries who have 'credibility' among target groups, and the taking of action to ensure that health and safety was an issue which businesses addressed during their start-up. They also encompassed the taking of steps by the HSE to improve awareness of its role and existence and the adoption of a more sympathetic and helpful approach on the part of health and safety inspectors; although in relation to this last point, mention was additionally made of the need for health and safety requirements to be more stringently and consistently enforced.

5 CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The various sources of data gathered for this study provide a complex and selectively detailed picture of attitudes and practices towards health and safety in a variety of small business settings. This final chapter attempts to synthesise the main findings from the various sources in order to lay the basis for firm recommendations.

The main findings will be summarised by firstly locating the role of cultural influences in the context of the full range of potential influences on occupational health and safety, secondly by summarising the role of cultural influences on attitudes and behaviour in small businesses and, thirdly, by identifying the relative merits of sources of health and safety advice and support. The chapter will conclude with a number of recommendations and suggestions for further research.

5.2 INFLUENCES ON HEALTH AND SAFETY IN SMALL BUSINESSES

5.2.1 A framework for summarising influences on workplace health and safety

- Occupational health and safety outcomes can be understood in terms of the complex interplay of a number of influences, grouped here into those that are broadly external and internal to the business.
- The main external influences on businesses are: the nature of the particular market and associated competitive pressures; regulatory pressures; the role of the supply chain – the requirements of large customers/contractors in particular; and other government regulatory and enterprise policies. Observed differences between sectors reflect differences in these external environmental influences.
- Internal influences comprise: the characteristics and capabilities of the business, particularly with respect to the degree of formality/informality in management approach. This is reflected in differences between businesses in, for example, the incidence of management training and the extent of employee representation with respect to health and safety, as well as with the values and behavioural traits of managers and employees. The relative roles of the various influences identified can vary considerably, particularly with respect to business size.

Understanding the role of cultural influences on health and safety attitudes and behaviour (including responsiveness to external messages/interventions) requires that such influences are seen in the context of the full range of influences affecting small businesses. A particular theme developed in this report is the interrelationship between a number of external influences and internal characteristics of businesses, including cultural influences. The main external influences relate to:

1. The nature of the market, notably the degree and forms of competition, and sectoral context of the business;

2. Regulatory pressures, particularly the nature of enforcement;
3. Supply chain influences, particularly the requirements of large customers/contractors affecting some businesses; and
4. Other government policies, including other regulatory and enterprise support policy.

All of these influences have ‘cultural’ aspects which become particularly apparent when comparisons are made with the nature and relative roles of such influences in other national systems/economies, as well as between different cultural groups within the UK. Regulatory influences, for instance, involve standards which are socially negotiated and enforced in different ways in different national contexts.²⁴ Regulatory regimes themselves, moreover, may change over time according to societal expectations, the political complexion of the government of the day and the relative strengths of business and organised labour (see also the discussion in chapter 1). What are identified here as the main external influences are, therefore, themselves the product of other determinants.

At the same time, there are important relationships between the determinants themselves; for instance in terms of how the nature of the market/degree of competition (i.e. [1] above) is affected by large customer businesses (which can be negative for small businesses and health and safety in some respects) and the health and safety requirements of the same large customers [3]. Although the latter is generally seen as positive for health and safety, small businesses can experience considerable difficulty in meeting such requirements, particularly where large customers are simultaneously concerned to minimise the prices they pay for sub-contracted work which can have implications for the viability of such businesses. Global competition itself may result in some activities and jobs being shifted to regions of the world where costs are lower and where health and safety regulation is weaker (a factor identified by manufacturing interviewees). A further relationship of potential importance is that between regulatory policy [2] and other government policy, including with respect to enterprise support [4], as discussed in Chapter 1 and further addressed later in this chapter.

This study has been particularly concerned with influences, which may be characterised as ‘internal’ to individual small businesses, although their influence on management attitudes and behaviour results from their interrelationship with external influences, as well as with each other. The full range of these more internal influences are defined as follows:

1. ‘Hard’ (i.e. more materially embodied) influences relating to the nature of the technology, processes and premises utilised, and associated hazards.²⁵ These influences are often strongly sector-related, but can also be size-related. For example, there are barriers to entry/economies of scale which make it difficult for smaller businesses to operate some processes. Small businesses are also more likely to rely on older technology and cheaper premises, which may be less adequate from a health and safety point of view.

²⁴ In a European context the EU has played an increasing role in regulating health and safety, although implementation and enforcement can vary considerably between member states (e.g. see Walters 2001, ch. 4).

²⁵ It is important to note, however, that technology is itself socially shaped (e.g. see Williams & Edge 1996); an important consideration here being the extent to which safe or unsafe features are designed into machinery/tools and premises.

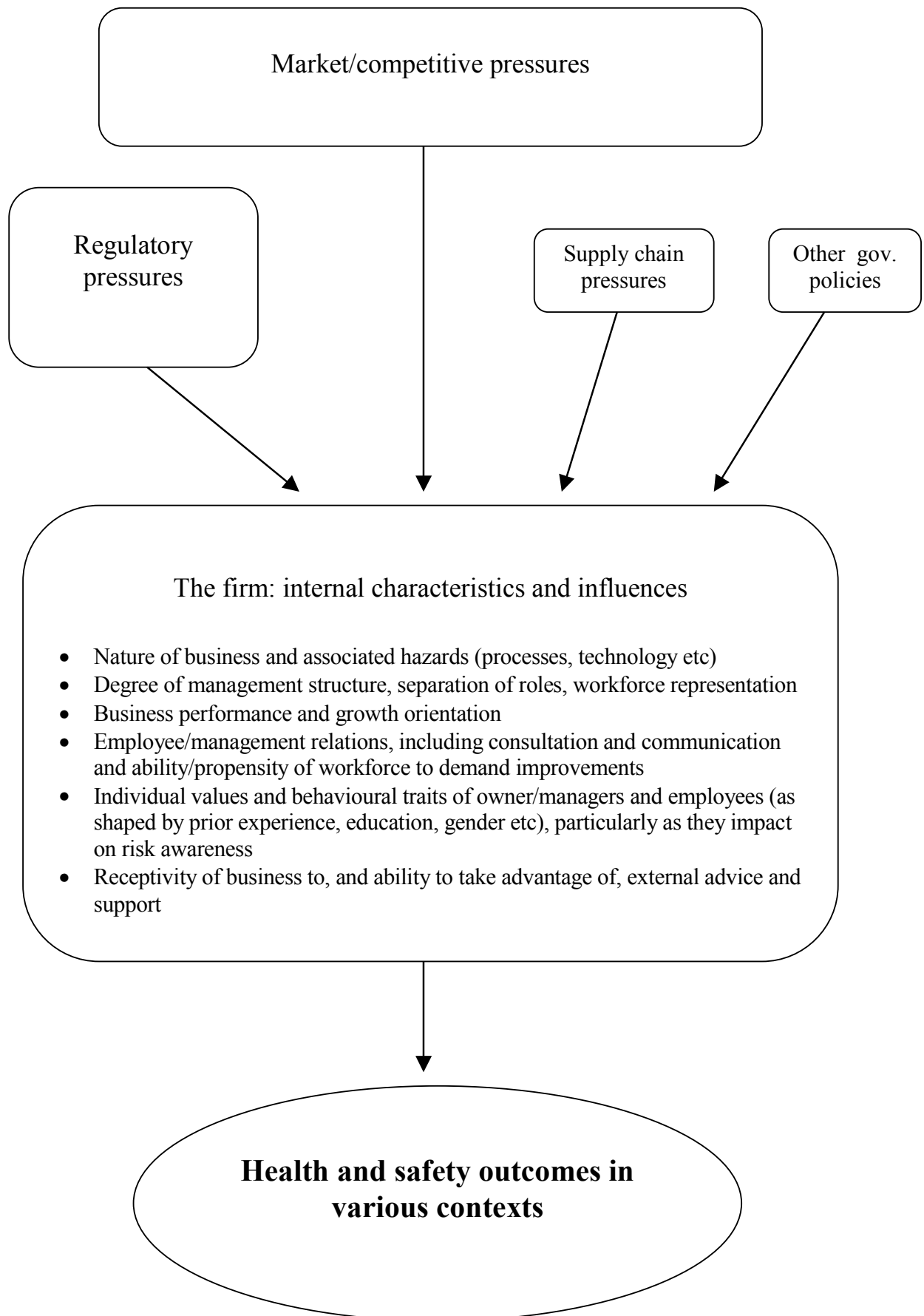
2. Business/organisational characteristics and capabilities, including the degree of formality in the approach to management, separation of roles, degree of consultation and workforce representation, and business performance/growth orientation. This group of influences is strongly size-related.
3. More 'cultural' characteristics of the business and the people within it. These include the nature of employer/employee relations, such as the propensity and ability of employees to demand improvements (in the absence of more formal representation); individual values and behavioural traits of managers and employees (as shaped by prior experience, education, training, gender characteristics, ethnic background etc), particularly as they impact on perceptions of risk. These characteristics (in conjunction with organisational characteristics and capabilities [2]) also influence the receptivity of the business towards, and ability to take advantage of, external advice and support. This cluster of influences is also strongly size-related, but can also be sector related. For example, parts of the UK building trade and construction industry attract low skilled and poorly qualified males who also tend to have a high degree of risk tolerance.

Again, although these influences have been separated out and grouped for the sake of analytic clarity, influences within different clusters are themselves strongly interrelated and can be mutually reinforcing. In reality, the division between 'external' and 'internal' is not as sharply defined as presented here. For example, whilst technology is nearly always externally sourced, how it is applied, including aspects such as the frequency of maintenance and renewal, can be more internal and idiosyncratic to the business. Moreover, the characteristics of people within the business are obviously strongly shaped by external factors not included in this typology (e.g. the nature of the education/vocational training system). Despite this, the division between external and internal is nevertheless analytically useful.

Understanding health and safety outcomes therefore necessitates an appreciation of the varying external influences to which businesses are subject and how these interact with the diverse internal characteristics of businesses and of people within them. Hence, industrial injury cannot be understood solely by examining the most immediate motivations of the conduct of managers and workers (Nichols 1997). Some specific examples of the interrelationship of external and internal influences giving rise to particular adverse outcomes for health and safety are provided by the case studies in Appendix 4. Figure 5.1 provides a simplified general framework of influences in diagrammatic form.

It is not possible to precisely order the relative role of the various determinants given the heterogeneity of small businesses themselves, the diverse contexts in which small businesses operate and the complex nature of the interactions which give rise to particular outcomes. Furthermore, the difficulty of obtaining precise quantitative measures of health and safety management and actions in small businesses is another factor making the systematic prioritisation of all of the various influences problematic. Nevertheless, the methodological difficulties encountered have been partially addressed through triangulation or cross-referencing the various sources of data in order to help overcome the weaknesses and blind spots of single method approaches. Hence it is possible to arrive at a number of specific and some more 'broad brush' conclusions that are elaborated below.

FIGURE 5.1 Summarising the main influences on workplace health and safety



5.2.2 Cultural influences on health and safety attitudes and behaviour in small businesses

- The organisational culture that typifies many small enterprises is the primary cultural influence identified by the study, although this influence needs to be understood in the context of other characteristics.
- Ethnicity can be an important ‘second order’ cultural influence: EMBs appear to perform less strongly than white-owned businesses on a number of indicators, although the greatest differences were exhibited between different ethnic groups.
- Other important influences identified relate to previous management experience and educational/skill levels (the latter identified as applying particularly with respect to employees), and gender.

This section builds on the previous discussion by focusing on the influences defined as being more cultural in nature. An important aspect of the argument developed, however, is that influences which may be analytically separable also need to be understood in terms of how they interrelate with, and are mediated by, other influences, including more structural factors. In this respect the findings of the interviews with managers, employees and key informants provide a fuller and more complex picture than is afforded by the survey data alone.

5.2.2.1 Small business culture

The major combined influence to emerge is the culture of small enterprises in conjunction with the resource constraints and competitive pressures faced by such businesses, although how this combined influence is manifested can vary greatly between different types of business. The evidence of this study shows that on many of the indicators adoption of health and safety management and improvement measures are strongly size-related, with larger businesses tending to perform better on most of the measures.

A particular difficulty is that small businesses typically face greater financial constraints than large businesses, particularly where more substantial investment is involved. In this respect, a number of interviewees highlighted the expense of some measures, for instance the cost of scaffolding in the case of small construction businesses. The cultural influences which can have negative consequences for health and safety include a less formalised approach to management, the preference of owner/managers for autonomy and their antipathy to external intervention, particularly in the form of government regulation. These characteristics also need to be understood in the context of limited management and staff time to devote to issues which are not seen as core to the business. The preference for informal methods (including ‘cutting corners’) in particular can work against the adoption of systematic approaches to risk identification and health and safety management. Moreover, where the responsibility for managing health and safety (and human resource issues generally) is combined with other responsibilities, as is typical in small businesses, there is a potential conflict between the aims of maximising productivity and protecting health and safety. This potential conflict of interest is often embodied in one person in small businesses, namely the owner/manager, whereas in larger businesses the functional

separation of these roles can help to maintain a balance between health and safety and other management priorities.

Where managers in small businesses are conscious of health and safety risks and seek to address them, difficulties can still arise with respect to persuading employees to observe good health and safety practice. It may be harder for managers in small businesses to discipline or sack staff if they choose to regularly disregard safe practice, because of the close relationship between the owner/manager and his/her core staff, at least. A further factor may be the difficulty and expense of recruiting replacement staff in some sectors and locations. Construction managers in particular drew attention to their inability to provide a constant supervisory presence on small sites and the problems that could arise from this. At the same time, some small construction businesses become subject to the stricter supervisory regimes enforced by large customers/contractors. In this respect there can be a tension between the more informal work culture of small businesses and the more bureaucratic cultures of larger businesses/organisations.

The close nature of the relationships in small businesses, however, can also be a positive attribute. In this respect the concern of the owner/manager to protect his/her employees can be particularly significant, notably with respect to welfare provision and the most readily apprehensible types of risk. Paternalistic concern for the workforce may also be reinforced by family involvement in the business.²⁶ Close relationships and more relaxed and informal approaches to management in some businesses can be positive in terms of 'quality of working life' considerations and lesser rates of occupational stress, compared to larger organisations; a factor identified by interviews with employees. The closeness and directness of relations in small businesses can also make it easier for employees to draw problems to the attention of owner/managers and to request improvements, particularly if the owner/manager is affected by the same issues him/herself (as is more likely to be the case in a small business). This advantage can be seen as partially compensating for the lack of trade union representation in small businesses, although it is highly dependent on the responsiveness of the owner/manager and the extent to which employees feel sufficiently confident and secure to be able to raise issues. Moreover, it is questionable whether this redresses the advantage of access to independent health and safety expertise and advice facilitated by effective trade union representation.

Profitable businesses were shown to have the highest propensity to perform best on a number of survey indicators, as was also the case with businesses making use of a computer and with internet access; the latter being good indicators of small businesses with a more active and systematic approach to management. Relatedly, the survey findings appeared to support a strong link in the minds of managers between investment in health and safety improvement and financial benefit to the business. Intermediaries and inspectors interviewed, however, pointed out that in their experience many small businesses were unpersuaded by the 'business case' for health and safety related investment, including for relatively minor improvements. In this respect there appears to be a lack of positive evidence to help demonstrate to owner/managers the existence of such a link in the context of their own or similar businesses, or incentive in the form of insurance premiums being more closely linked to good health and safety practice. In this regard, there may be scope for further research to investigate the nature of the relationship between health and safety improvements and practices and business performance, in order to enhance the evidence base.

²⁶ The survey shows that a higher proportion of EMBs made use of family labour than white-owned businesses. This was highest among Greek and Pakistani-owned businesses and particularly common in the retail sector.

Inspectors particularly identified external pressure as a key influence on levels of health and safety awareness and compliance, i.e. whether or not an establishment has been previously subject to regulatory pressure in the form of an inspection or, in some sectors, whether influence was being exerted by larger customer businesses where health and safety requirements were integrated with quality assurance systems.

To conclude, the outcome of some of the characteristics identified, particularly in the smallest enterprises operating on the margins of profitability and/or in highly cost competitive markets, can mean that health, safety and welfare provision are low on the agenda of owner/manager concerns. At the same time, employees in such businesses, through a combination of lack of awareness and confidence, may not be in a position to press for improvements or, indeed, may themselves choose to engage in unsafe work practices in the absence of management guidance and/or enforcement. There is a need to acknowledge, however, that some of the worst working environments are in those enterprises which are most engaged in illegal practices. Such businesses tend to be recently established and also pay their employees poorly, sometimes below the minimum wage and often on piecework rates. These are the businesses which are least likely to participate in studies such as this one and which are the hardest to influence other than through a tightening of enforcement action on a number of fronts.

5.2.2.2 Ethnic background

The survey findings show a number of important differences between EMBs and the white control group. EMBs as a whole were significantly less aware of the health and safety regulations than their white control counterparts, with South Asian owned businesses exhibiting the lowest awareness amongst the EM groups. The low awareness of the South Asian businesses corresponds with the views expressed by South Asian intermediaries, although these views were particularly shaped by their understanding of the difficulties experienced by food business clients around compliance with the food hygiene regulations. This is an important point because of the tendency for a number of EMB groups to be particularly concentrated in catering and food-related activities. Chinese businesses were far more likely to identify health and safety regulations than other groups including the white control, although findings for the Chinese group in particular may have been influenced by response bias in the sense that Chinese businesses proved particularly difficult to access. As a result, there may be some tendency for Chinese respondents to be biased towards those that are more compliant.

With regard to the qualitative evidence, the main explanation supported by interviewees for the lower awareness on the part of EMBs relate to the aversion of some EM groups in particular to government intervention in their affairs and a lesser familiarity with the expectations of the UK regulatory system, compared with their white counterparts. The latter point was seen to apply particularly in the case of more recent immigrants and where there may be language barriers affecting the ability of some managers to make use of official sources of guidance.

At the same time the survey findings show that EMBs as a whole were less likely to view the level of health and safety legislation as a burden than the white control businesses, although there was considerable variation between EM groups, with Chinese, Greek and African/Caribbeans being the most tolerant and South Asian businesses the least. With regard to actual difficulties experienced, EMB respondents were twice as likely to complain about lack of clarity relating to health and safety regulations than their white control counterparts, with ACBs and Chinese owned businesses being most likely to acknowledge that they had experienced difficulties. South Asian owned businesses on the other hand, were least likely to claim to have experienced difficulties. However, follow-up interviews, including with South Asian intermediaries, paint a

somewhat different picture, although this was particularly with respect to the food hygiene requirements.

EMBs were also shown to perform more poorly compared to the white control on a number of indicators relating to health and safety management and improvement measures, although the greatest differences revealed by the survey were between ethnic groups. At the same time, the process of triangulation between data gathered from different sources suggests that some of the results from this part of the survey need to be treated with caution, because of a suspicion that some respondents may have exaggerated their commitment to health and safety practices. For example, the very high level of adoption of health and safety management practices and improvement measures reported by Bangladeshi respondents²⁷ is somewhat at odds with the particularly low level of awareness of the legislation shown by this group, their low propensity to use external sources of information and advice, and also the views (based on experience) expressed by some key informant interviewees. This may be an example of a particular group of respondents tending to overstate their responses in order to show themselves in the best possible light for reasons related to their history, experiences of disadvantage, and associated high levels of fear and mistrust of authority. Clearly, this is an issue that needs to be taken into account and handled sensitively by those dealing with these businesses on the ground.

Again, differences in attitudes and behaviour between ethnic groups were often attributed by interviewees to the formative influence of prior experiences in different national/cultural contexts, the unfamiliarity of recent immigrants with the UK system and its expectations, and also language barriers. This view was particularly supported by intermediaries and inspectors, who indicated that such barriers could require particular initiative and patience on their part to overcome. With regard to the language barrier, however, some interviewees (including EM intermediaries) suggested that, in their experience, this was sometimes exaggerated by some EMBs as an excuse for non-compliance. A further important characteristic of some EM groups relates to their particular feelings of alienation and hostility towards government related activity and their desire to minimise contact with government officials. As in other aspects of EMB development, cultural aspects interact with so-called 'opportunity structures', which migrant communities are faced with, to produce a distinctive set of attitudes and behaviours.

Finally, religion can be an important component of ethnic identity, although it was particularly difficult to gather meaningful data on this potential influence; hence findings in this respect are somewhat tentative. Devotion to a religious faith was identified as a positive influence by one EM key informant, notably in terms of a greater concern and respect for others fostered by religious faith. Furthermore, provision of a place for prayer was an important aspect of welfare provision identified by some interviewees, and the need for visiting inspectors to respect such spaces. On the other hand, examples of religious/ethnic differences as sources of conflict, both within the workplace and between competing businesses in close proximity,²⁸ were related by one manager and one inspector interviewee respectively. The religious faith of managers/employees and the practices associated with particular faiths was also identified by some inspectors as an issue sometimes requiring particular sensitivity during accident investigations and inspection visits. As other policy-related studies of EMBs have found, gender can be a particular issue in the case of Muslim communities.

²⁷ Including the high proportion (65%) of businesses from this group employing less than five claiming to have a written health and safety policy where there is no legal requirement for them to do so.

²⁸ In such cases conflicts took the form of allegations of breaches of the healthy and safety legislation being exchanged between businesses from different ethnic/religious groups.

5.2.2.3 Other influences: experience/education, social class and gender

The survey findings confirm the positive influence of previous management experience and management training and qualifications. With respect to education, however, the survey findings were inconclusive (e.g. with degree level qualifications often making no discernible difference), although level of education, skills/experience and ‘learning ability’ were particularly emphasised as important influences by a number of key informants and by some managers with respect to employees. Indeed, some key informant interviewees emphasised differences in educational attainment and social class as being the main factors explaining different EMB responses to health and safety legislation.

With respect to gender, women managers gave significantly different responses to male managers on a number of indicators: findings which can be interpreted in terms of the greater risk averseness of women compared to men and a lesser tendency to be antipathetic towards the legislation. The dominant masculine, risk tolerant work culture in construction was identified as a contributory factor to high accident rates in this industry although, as was previously argued, this influence needs to be understood in the context of other more structural characteristics of the industry in the UK. Some inspectors referred to their experience that women employees were more responsive to their recommendations and also the particular obstructiveness that female inspectors could encounter with owner/managers of particular EM groups.

5.3 CREDIBILITY OF CHANNELS OF INFLUENCE AND SUPPORT

- The survey findings indicate that health and safety inspectors themselves are currently the most commonly used and preferred sources of information and advice for most small businesses, and are contributing to a greater awareness of health and safety issues in small businesses, particularly EMBs.
- The evidence presented suggests that EMB intermediaries have a limited but potentially valuable role to play in reinforcing health and safety messages, particularly with respect to those ethnic groups which tend to be most mistrustful of authority and experience most difficulty around compliance. Sector based trade associations appear to have greater potential for more widespread influence, although a key issue here is for these organisations to become more inclusive in terms of the size-range and ethnic diversity of businesses making up their membership.
- The wider dissemination of the benefits of improved health and safety to small businesses (EMBs in particular) requires a strategy of engagement that recognises the heterogeneity of the sector.

5.3.1 Role of inspectors and attitudes to the HSE

5.3.1.1 Influence of inspectors

Many inspectors appear to adopt a pragmatic approach towards small businesses/EMBs of seeking to identify and address the main health and safety risks and defend minimum standards,

particularly through persuasion and education. The qualitative findings indicate that with small businesses in particular inspectors focus their efforts on identifying the main problems and practical and affordable measures to address them. The survey findings indicate that of those businesses that had been inspected less than one third of these were required to take actions as a result of the visits, the vast majority of which (over three-quarters) reported being able to undertake actions without difficulty. The survey data revealed certain differences between inspected and non-inspected businesses, which were more commonly identified in the case of EMBs than in white-owned businesses. For example, inspected EMBs were significantly more likely to have made some health and safety improvements in the previous five years than non-inspected EMBs, as well as more likely to view them as being beneficial financially. At the same time, there was a greater tendency for visited businesses to judge that the health and safety regulations were too burdensome.

5.3.1.2 Attitudes to inspectors and the HSE

Health and safety inspectors, local authorities and HSE publications were the main sources of health and safety information utilised by survey respondents, although only by a minority of businesses. Very few businesses had used the HSE website or telephone Infoline. Two-thirds of respondents who had not previously sought health and safety information stated that they would seek information from a health and safety inspector or their Local Authority if they needed it. Almost one in ten respondents would not know where to find health and safety information, with almost one-fifth of African/Caribbean being uncertain about this. In terms of levels of satisfaction with inspectors/local authorities, the vast majority of businesses expressed their satisfaction with these information sources.

Further insight as to the preferences of owner/managers and reasons for this were provided by the follow up interviews. For instance, about a quarter of construction and manufacturing managers interviewed indicated their willingness to use inspectors or the local authority as a source of information/advice on health and safety. At the same time others preferred to rely on other sources, particularly suppliers, trade associations and customers. In addition, a number of interviewees, however, indicated their wariness of health and safety inspectors and fear of being found to be in contravention of the legislation and the consequences they foresaw of this. Also mentioned as a contributory factor here was the association of the HSE with major accident investigations and prosecutions as reported in the media.

Of those managers interviewed who had experienced health and safety inspection visits, a number of these were very positive about their role and their own particular experiences of such visits, including in terms of the value they placed on the advice given and how they had been able to apply this to the benefit of the business. A small number, however, were more negative, mainly with respect to the manner and attitude of some inspectors, a perceived lack of understanding on the part of the inspector as to the nature of the business (including in terms of being required to make improvements which managers considered unnecessary), and perceived inconsistencies in how different inspectors enforce the regulations. A couple of employees recounted instances where they felt that visiting inspectors had been unable to properly identify and deal with health and safety breaches in their workplaces, partly due to the 'avoidance tactics' of managers.

Engagement with workers was identified by inspectors as being an area of particular difficulty for them, especially in non-unionised workplaces (i.e. most small businesses). Workers are frequently reluctant to speak to inspectors due to their not wishing to be seen by the owner/manager as 'troublemakers' and thus endangering their positions. One employee in

particular articulated the dilemma he experienced of wanting the protection offered by the inspection regime but also being fearful of a possible threat to his job should enforcement action be taken against the business. Some inspectors were therefore conscious of the need to engage with employees in ways that did not threaten their future prospects within an establishment. With regard to EMBs, the language barrier was regarded by inspectors as a greater obstacle to communicating with employees than was the case for managers.

Key informants with EM intermediaries particularly emphasised the need for the HSE and local authorities to be more active themselves in terms of projecting a positive image and presence to EMBs and that a persuasive and educational approach on the part of inspectors was more likely to be met with a constructive response on the part of EM owner/managers. Some of these same interviewees also emphasised, however, the need for the regulations to be more firmly and consistently enforced.

5.3.3 Role of intermediaries

The survey results showed that only a third of businesses reported using some external source of information and/or advice about health and safety during the previous five years, with this propensity tending to increase with business size in the case of EMBs. In the case of white-owned businesses, the use of external sources was more consistently reported across the size groups. It was also above average in the construction and hospitality sectors, and with Chinese and African/Caribbeans exhibiting the highest propensity to report using external sources and South Asian groups the least. As was previously mentioned, HSE and local authorities were by far the most common sources utilised. Mainstream business support providers, such as Business Link, were scarcely mentioned. Although very few respondents reported difficulties in accessing health and safety related information, this may partly be a result of the low perceived need for it.

Further insight into preferences in terms of information sources were provided by the follow-up interviews. The wariness of businesses with respect to inspectors and HSE has already been noted, although some manufacturing managers in particular referred to the positive relationships they had developed with inspectors. Trade/sector associations were particularly valued and trusted by some interviewees due to their specialist knowledge and sensitivity to the needs of the business, and also their perceived independence and objectivity with respect to health and safety issues. Trade/sector based organisations appear to have further potential as conduits for health and safety support, although a key issue here is the extent to which they can become more inclusive in their memberships in terms of the size range of businesses and also with respect to ethnic diversity.

A number of businesses had made use of consultants (some of whom also provided insurance) for health and safety issues and advice. While some recounted positive experiences, others were extremely critical of the service that had been provided or offered. The view was expressed by these managers that large consultants/insurers in particular sometimes took advantage of the insecurities and limited awareness of small businesses by offering services which simply increased the burden of paperwork on the business to limited benefit in terms of improved health and safety. In the case of one manufacturing business, a large consultancy had apparently presented a false interpretation of the regulatory requirements in a bid to gain business. Such examples indicate that mistrust of parties with vested interests can be an important factor in deterring small businesses from seeking help from such sources. There is also evidence, however, that small consultancies are more likely to offer value for money and a service that is appropriate to the needs of the particular small business.

With regard to EMB intermediaries, a few of the organisations visited were already directly involved in the provision of health and safety support, although in all these cases such engagement had typically developed from pressing requests to assist food business clients with issues around the food hygiene regulations. Such involvement included the provision of training (basic food hygiene and health and safety) and liaising with EHOs in relation to the particular problems experienced by food business clients. Most of the EMB organisations expressed a high degree of willingness to be more involved in the dissemination of health and safety messages and support to client groups, with the proviso that sufficient resources would need to be made available to support any such increased role on their part. At the same time, the survey revealed a very low level of use of EMB organisations for health and safety information and advice currently, which mirrors the picture emerging from other recent studies of sources of general business information and advice by EMBs (e.g. Ram *et al* 2002). It should be noted, furthermore, that the geographic coverage of EM based or orientated support is very patchy.

HSE interviewees referred to a number of examples of constructive contacts with intermediaries (both sector and ethnic based) and involvement with awareness raising initiatives. A recent awareness raising initiative targeted at Turkish and Kurdish workers in community centres in north London appears to be a useful model for engaging with minority ethnic workers outside of the workplace, although it was noted that participants in this instance had been more interested in issues around employment rights and the minimum wage legislation than health and safety in the workplace.

5.3.3 A typology for understanding responses to regulation

Some deeper insight into the varying responses of business owner/managers towards compliance with the health and safety regulations was presented in Chapters 3 and 4 and the case studies in Appendix 4. Of particular note were the contextual factors and motivations which help to explain these variations. This evidence is compatible with a simple typology by which businesses can be differentiated in terms of their attitudes and responses and the associated motivational context, which is potentially useful in helping to interpret the results: **(1) Avoiders/Outsiders**; **(2) Reactors**, including the sub-categories of **(a) Minimalists** and **(b) Positive Responders**; and **(3) Learners**. The main characteristics of businesses in these categories are summarised and compared in Figure 5.2. It is important to note that this typology cuts across the sectoral and ethnic categories used for much of the analysis in this report; i.e. although some EMB groups may be particularly concentrated in the Avoiders/Outsiders category, other EMBs are shown by this study to be Positive Responders or Learners. The typology is therefore a simple heuristic device: the categories presented are necessarily simplified types and it is not possible for all businesses to be neatly pigeon-holed into one or other of the categories. A further point to note is that in each of the categories distinguished the motivations underlying the associated attitudes can differ. In the case of Avoiders/Outsiders, for example, they can stem from a desire to keep costs down and/or an innate fear of regulatory authorities, perhaps deriving from past experiences in another national context or the fact that some of their activities, at least, are being undertaken in the informal economy. On the other hand many smaller enterprises (involving perhaps lower risk activities) may fall into this category due to their 'low visibility' and limited exposure to external pressures, regulatory or otherwise.

With regard to the relationship between the evidence presented in the report and the typology, many of the owner/managers who were agreeable to a follow-up interview exhibited characteristics and motivations similar to those listed under the Positive Responders category, while others (a few of the manufacturing enterprises in particular) are better described as Learners, due to their more conscious commitment to good practice, associated management/organisational capability (including employee involvement) and generally positive relationships with inspectors. Such businesses were also higher

visibility larger enterprises, often involved in more complex and higher risk activities and thus subject to more frequent regulatory attention. The Minimalist and Avider/Outsider categories, however, are particularly supported by evidence provided by the interviews with employees, inspectors and intermediaries; these also being the types of enterprises which are highly unlikely to respond to invitations to participate in a study such as this. The manufacturing example provided by an employee for Case Study 1, for instance, supports the Minimalist category, particularly with respect to the limited responsiveness of management in this business to recurrent problems, their treatment of health and safety issues as being largely the responsibility of individual employees, and the avoidance tactics employed by management during inspection visits. One respect in which this particular example does not quite fit the typology, however, relates to the fact that some employees within this business were highly skilled. Case Study 2, the building trade example, also provided by an employee, corresponds most closely to the Aviders/Outsiders category, although the classification in this instance is closely related to the particular characteristics of the sub-sector (i.e. low visibility), rather than to characteristics specific to EMBs. A further category could include businesses experiencing downsizing and retrenchment, with associated loss of management/learning capability and perhaps intensification of work giving rise to increased health and safety risks. This category is particularly applicable to larger businesses and hence is not included in Figure 5.2 (see Littler & Innes 2003; Vickers 2000).

This analysis supports the argument that attempts to improve health and safety in small businesses need to be multi-dimensional in that they should ideally be shaped to the differing attitudinal characteristics, motivational factors and contexts of the different types of businesses. This, in turn, raises the difficult question as to the balance between regulatory enforcement, including more punitive measures, and other forms of intervention, including the greater involvement of business intermediaries.

One of the implications of this perspective is the extent to which policy intervention can influence businesses in the Avider/Outsider and Minimalist Reactor categories to become Positive Responders and/or Learners. Of particular relevance here is a recent study by Ram *et al* (2003) which examined the impact of the national minimum wage (NMW) legislation on Asian clothing businesses. They found, in accordance with the above analysis, that although the legislation may be experienced as burdensome or irrelevant by some businesses, it can also act as a 'positive shock', not just in terms of improved conditions but also in terms of stimulating more efficient practices and, in some cases, a move into niche markets. It is further worth noting that Ram *et al* identify the Coventry Clothing Centre, one of the intermediaries examined in the current study, as an example of an initiative exemplifying a strategy of 'constructive engagement'. This has entailed the Centre working with the grain of employment legislation and experiencing some success in encouraging local businesses to accommodate the NMW, improve working practices and move away from solutions that involve low-pay, low skill, and low-value (and, it can be inferred, poor health and safety). This perspective is commensurate with the findings of the current study: namely that particularly with respect to those EMBs which are most suspicious of authority and experience the most difficulties with compliance, intermediaries have a potentially valuable role to play. This particularly applies to those organisations that are able to combine strong network links with EM communities with sector specific expertise and knowledge. It is also the case, however, as Ram and his co-authors note, that constructive engagement with poor employers tends to be resource intensive and is not a panacea for all situations/businesses.

Figure 5.2 Typology of businesses according to their stance towards regulation and contextual characteristics

<i>Categoryisation:</i>	<i>(1) AVOIDERS/OUTSIDERS</i>	<i>(2) REACTORS</i>		<i>(3) LEARNERS</i>
		<i>(a) Minimalists</i>	<i>(b) Positive responders</i>	
<i>Stance</i>				
<i>Awareness of legislative requirements</i>	Poor to non-existent	Poor to non-existent	Some, often obtained from external agencies (regulatory or supply chain)	Relatively good: policy and good practice embedded in organisational routines
<i>Attitude to compliance and enforcement</i>	Requirements to be avoided or evaded; likely to be non-compliant with other areas of legislation	Regulations seen as an unnecessary burden; will respond under compulsion but may subsequently relapse	Toleration: responsive to intervention, but require clear guidelines	Positive: will use inspectors as ‘free consultancy’ and may be demanding in this respect; most likely to effectively self-regulate
<i>Context</i>				
<i>Motivational basis</i>	Low profile, hence lack of contact with and/or fear of officialdom; desire to minimise short-term costs	Suspicion of officialdom; little exposure/responsiveness to other external influences; desire to minimise short-term costs; h&s seen as ‘common sense’ and largely the responsibility of individual employees	Greater acceptance of the legitimacy of regulation; good h&s associated with good housekeeping, ‘common sense’ and/or customer care; may be in niche markets and subject to requirements of large customers; desire to look after / retain staff	Motivated to comply: often higher profile compared to other categories; acceptance of business case for compliance + able to invest; workforce involvement/ representation; often in niche markets where quality, innovation and responsiveness to customers may be important
<i>Type of employer/quality of employment</i>	Poor: low pay, perhaps piecework rates and poor conditions generally	Poor to average	Average to good, some training	Good: commitment to training/staff development
<i>Nature of workforce</i>	Unqualified; low skill; may be particularly vulnerable to exploitation	Typically less qualified/skilled and may be vulnerable	Some skilled and qualified	Includes qualified and highly skilled staff

5.4 POLICY RECOMMENDATIONS

The study has been primarily concerned with the role of cultural influences, but it also strongly confirms the existing “structures of vulnerability” thesis as to why people in small businesses face greater physical risks than do workers in larger businesses. In this respect the deeply rooted nature of the causal factors behind low awareness and poor practice indicate the difficulty of making a substantial impact and achieving the objective of the HSE’s Small Businesses Strategy (2000) to ensure that the incidence of accidents and cases of work-related ill health in small businesses is no greater than that in large businesses by 2010.

Although it is recognised that HSE has limited resources to effect change, a number of measures can be suggested and are summarised below. More detailed accounts of the views of managers, employees, intermediaries and inspectors, including their recommendations, were presented in Chapters 3 and 4.

The heterogeneity that exists within the small businesses sector, of which the ethnicity of owner/managers is one element, means that the approach used by the HSE to increasing awareness of health and safety issues and improving health and safety practices in small businesses, must be multifaceted. This is a particular issue in terms of how regulatory and advisory issues are addressed, since it can have implications for the nature of the relationships that develop between small businesses and their regulators and advisers.

In this context, the research findings suggest that the HSE should seek to:

- 1. Recognise in its dealings with small and micro- enterprises that approaches to management are typically more informal, implicit and reactive than in the case of large organisations.**

Case study evidence shows that even in those small and microenterprises which demonstrate a higher level of health and safety awareness, assessment of risks is typically implicit, informal and sometimes reactive, rather than the more systematic and explicit approach promoted by HSE and more likely to be adopted in larger businesses and organisations. Similarly, insofar as there is any consultation with employees on health and safety in small businesses, this is typically of an informal nature and in the context of the closeness of day-to-day interaction between people within such enterprises. These characteristics need to be understood by policy makers and recognised by inspectors dealing with this type of business, where health and safety practices may be more important than whether or not written documentation exists. Messages relating to the benefits of good health and safety practice, moreover, are more likely to have an impact where they are delivered directly, through face-to-face, hands-on experience.

- 2. Increase the role of inspection visits in relation to health and safety improvements in small and micro- enterprises.**

The research indicates that health and safety inspectors themselves are currently the most commonly used and preferred sources of information and advice for most small businesses, and are contributing to a greater awareness of health and safety issues in small businesses (particularly EMBs) and are associated with some improvement in health and safety practices in many cases. Few of the managers interviewed argued strongly that there should be fewer inspections (although the picture may be influenced by some response bias, in the sense that businesses who have the most to hide may be the least likely to participate in the study), while key informant and employee

interviewees, as well as some managers, argued the case for more regular and more consistent inspections. Moreover, the survey evidence suggest that EMBs that had been inspected were more likely to have made health and safety improvements, and also to view them as financially beneficial, than non-inspected businesses.

All of the inspectors interviewed displayed a high degree of sensitivity and awareness towards the circumstances faced by small businesses and EMBs and the difficulties they sometimes experience in meeting the requirements of the health and safety legislation. Those inspectors with the most experience of dealing with small businesses and EMBs appear to develop a good understanding of the nature of such businesses and the strategies that can be used to gain co-operation. Engagement with workers was identified as being an area of particular difficulty for inspectors, although some inspectors may be more skilled and confident in this respect than others.

Any attempt to increase the role of inspection visits to small businesses and EMBs, should be associated with increasing the dissemination of good inspection practice. This includes better dissemination of the accumulated and largely tacit knowledge of experienced inspectors to newer and less experienced inspectors, paying particular attention to enhancing training and support with respect to issues regarding minority ethnic groups.

3. Take steps to actively disseminate the message concerning the educative role of health and safety inspectors and inspections to small businesses, both directly and through small business organisations and intermediaries.

There is a need to improve the image of inspectors and the HSE, particularly with respect to those EM groups who have experienced the greatest difficulty around compliance and appear most mistrustful of government officials and bodies. Mistrust of authority and the threat of prosecution, as well as low awareness, are important reasons for many small businesses not making greater use of HSE (including the telephone Infoline and website) and local authorities as sources of information and advice. In this respect there may be scope for improving the image of HSE/inspectors, simply through their being more visible as sources of help and advice in the context of small business and EMB events and also through a more widespread dissemination of the positive benefits of improved health and safety within the small business community and amongst EMBs.

The picture of inspection that emerges from the study overall is one where health and safety inspectors appear to adopt a predominantly persuasive and educative approach, using enforcement action, particularly prosecution, only as a last resort. This is an important message to be disseminated throughout the small business community, and particularly to the more difficult to reach groups, such as microenterprises and EMBs, since there is a tendency for the 'problem' cases (those businesses which have experienced particular difficulty around compliance) to be those which receive the most attention.

4. Be willing to work flexibly with a broad range of intermediaries, as part of a wider strategy of engagement with the various EMB groups.

Part of the reason why some EMB groups may be perceived as difficult to reach by the HSE is because most EMB groups have a low propensity to look towards formal sources of business information and advice, preferring instead to rely more on informal sources and/or professionals (such as accountants) from within their own communities. The implication is that the HSE may

need to work flexibly with a broad range of intermediaries, as part of a wider strategy of engagement with the various EMB groups. This is supported by evidence from the survey, which showed greater variation between EMB groups in many cases than between EMBs as a whole and similar white-owned businesses. The main policy implication that may be drawn from this is that those responsible for implementing health and safety legislation need to be sensitive to differences between ethnic minority groups, rather than treating EMBs as a homogeneous group.

With regard to the potential role of intermediaries in this engagement strategy, the evidence presented suggests that EMB intermediaries have a limited but potentially valuable role to play in reinforcing health and safety messages with respect to some EMBs. Less than one quarter of EMBs are members of a business or trade association/organisation, with just 6% of these being members of a specialist EM association (only 1.2% of all EMBs surveyed). At the same time, some of these organisations have a potential role and influence at a local level that is greater than the membership data from our national survey suggests. The main limitations are firstly, the patchy coverage of these organisations across the country and across communities; and secondly, their variable quality, as previous research indicates (Ram *et al* 1999). Some of these organisations already fulfil the role of bridging the gap between regulatory enforcement and EMBs, although this has been mainly with respect to food safety issues. Some EM intermediaries may have further potential with respect to helping those ethnic groups most mistrustful of authority and experiencing most difficulty around compliance, although it would be a mistake to present this as a general solution. However, it could prove particularly fruitful to cultivate positive relationships with such organisations that can demonstrate both the professional competence required to execute the function and the degree of community embeddedness to work effectively to help HSE to increase its engagement with ethnic minority communities, although any increased role on the part of such intermediaries would need to be properly resourced.

Sector based organisations appear to have greater potential for more widespread influence, although a key issue here is for these organisations to become more inclusive in terms of the size-range of businesses making up their membership, as well as in terms of ethnic diversity. It is not surprising that the HSE perceive microenterprises and EMBs to be difficult to reach groups, since business support organisations experience even greater difficulties. HSE has the advantage of its statutory powers to enter and inspect premises, its main problem being that of lack of resources to visit all businesses with any great frequency. As in the case of Business Links, the core message is the importance of an engagement strategy, since the key issue is less about differences in needs between EMBs and other small businesses and more about how agencies seek to address them.

5. Work closely with key partners involved in the provision of business support to small enterprises to promote awareness of health and safety issues and 'good practice' with respect to health and safety management practices that are appropriate and sensitive to the distinctive management 'culture' that is found in small enterprises.

The study endorses the case for greater integration of the provision of health and safety advice and support with more mainstream business support, including advice for business start-ups. The results show that the approach of small businesses to health and safety management typically reflects their approach to business management more generally. This is reflected in the survey evidence, which shows consistent differences in awareness of health and safety issues and in management practices between IT-using businesses and their non-IT using counterparts, as well as between businesses with at least one trained manager and those without. Thus one strategy for improving health and safety practices in small businesses is to raise management standards generally, emphasising the importance of attempts by the HSE to increase co-operation with

business support agencies that share this objective. At the same time, it must be recognised that only a minority of businesses seek advice or assistance from a business support agency, or other formal source, either at start-up, or once the business has started. Moreover, in the context of the present study, it must also be recognised that EMBs are less likely to see help from such sources than white owned businesses and microenterprises less likely than small businesses employing 10 or more.

This means that for the HSE, the extent to which a strategy of increasing co-operation with business support agencies, under the SBS umbrella, will actually contribute to improved health and safety practices depends on the extent to which these mainstream business support agencies can increase their engagement with microenterprises and EMBs. Both are current strategic objectives of the SBS, which in some areas appears to be having some impact on the ground (Ram *et al* 2002), although the situation across the country is patchy. Increased co-operation with mainstream business support agencies is a necessary part of HSE's strategy for increasing penetration of the small businesses sector, although not a sufficient one.

6. Take steps to increase awareness of health and safety issues and good health and safety practices among employees.

Although previous research has drawn attention to the tendency for small business owner/managers to be mainly responsible for decisions about the workplace, with little formal involvement of employees, increasing awareness of health and safety issues and knowledge of good practice among employees in small businesses is likely to contribute to pressure for change over time. At the same time, experiences suggests that further awareness raising events targeted at employees could be linked to issues of more pressing immediate concern to them, such as around the minimum wage legislation and employment rights, including those associated with health and safety representation. There is also a need here to take due cognisance of the recent research findings on the HSE funded pilot to explore the effectiveness of mobile workers' safety advisors.

7. Take steps to increase the availability of information and advice on health and safety issues from sources that are not associated with the enforcement function

The low level of awareness of relevant health and safety legislation revealed both in the survey and the follow-up interviews is a concern, although not altogether surprising in the light of previous research dealing with other aspects of regulation and small businesses. Despite the fact that the qualitative evidence suggests that low levels of awareness of specific legislation does not necessarily mean that small businesses managers operate poor health and safety environments, there is a need to increase the effective dissemination of health and safety information, which currently seems to rely heavily on inspections and interventions.

This emphasises the importance of improving links with a variety of intermediary organisations, and developing a strategy to increase the level of engagement with EMB communities. Unfortunately, the survey results show very low levels of use of both ICT for this purpose and the telephone Infoline, which represent relatively cheap mechanisms for disseminating information. Whilst a Web-based approach may appear an attractive option from a HSE standpoint, and may prove more useful and appropriate in the longer term, there is not yet a culture of on-line access to business support established in the UK, as recent SBS experience demonstrates. Moreover, an additional barrier in the case of EMBs is their lower propensity to be IT users compared with similar white-owned businesses (Foley & Ram 2002).

A further model for making advice and support more widely accessible would be an occupational health and safety advisory service for small businesses, such as the scheme established in July 2000 by Croydon Council (Allen 2002). Although no longer running, this service appeared to enjoy some short term success, this being largely attributable to the fact that it was free of charge to small businesses and dissociated from any threat of enforcement action.

8. Further develop synergy and co-operation with other fields of regulation.

The research shows that many EMB food businesses conflate occupational health and safety with food safety issues, although they appear to experience particular difficulties around compliance with the food hygiene legislation. In this respect there may be a need for the relationship between the food hygiene and health and safety requirements to be carefully considered. It is further recommended that HSE co-operate with the Food Standards Agency on any initiatives targeted specifically at EM food businesses in the hospitality and retail sectors.

A further suggestion for integration relates to the possibility of reinforcing health and safety to small building contractors through the system of building control administered by local authorities. Such an approach may have potential advantages insofar as building control inspectors appear to visit a greater number of small sites than do HSE inspectors.

9. Recommendations for further research

There are three areas where further research is recommended:

1. Health, safety and well-being in small and medium size enterprises and the relationship to business development and productivity: how can the 'business case' for health and safety related improvement be better promoted to different types of small business?
2. Health, safety and well-being at work: the experiences and needs of employees in different types of small and medium size enterprises.
3. The relationship between health and safety regulation, other areas of regulatory policy and enterprise/business support policy: what are the opportunities for greater synergy?

APPENDIX 1

PROFILE OF THE ETHNIC MINORITY GROUPS INCLUDED IN THE STUDY

A1.1 Ethnic structure in the population

According to the 2001 census, members of ethnic minority communities constitutes approximately 8.6% of the UK (England and Wales) population. As Table 1 shows, African-Caribbean makes up the largest group, followed by Indians, Pakistanis, Chinese and Bangladeshis (ONS, 2001). Neither of the other two groups included in the study namely people of Turkish or Greek origin are separately identifiable in the Census of population.

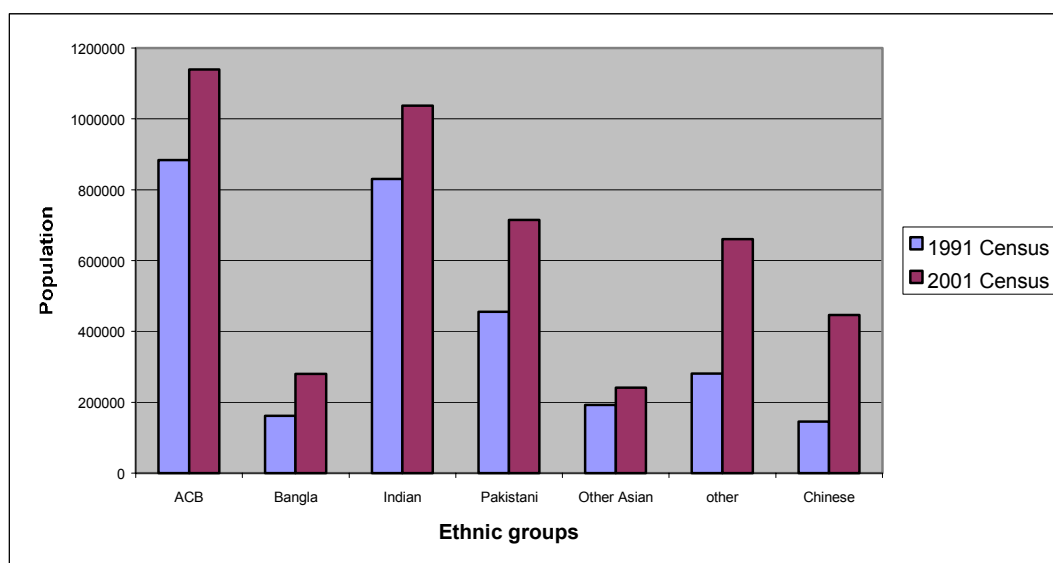
Table A1.1 Population by ethnic group

<i>Ethnic Group</i>	<i>1991 Population</i>	<i>2001 Population</i>	<i>1991 Percentage</i>	<i>2001 Percentage</i>
White	46,937,861	47,520,866	94.1	91.3
African-Caribbean				
Bangladeshi	884,374	1,139,577	1.8	2.2
Indian	161,701	280,830	0.3	0.5
Pakistani	830,205	1,036,807	1.7	2.0
Other Asian	455,363	714,826	0.9	1.4
Other Ethnic	192,930	241,274	0.4	0.5
Chinese	281,381	661,034	0.6	1.3
	146,462	446,702	0.3	0.9
Total	49,890,277*	52,041,916*	100	100

Source: ONS, 1991; 2001

Note: the total in the 1991 census exclude those born in Ireland, whilst that of the 2001 census exclude those who declared themselves as Welsh.

Figure A1.1 Ethnic minority population between censuses in England & Wales (1991-2001)



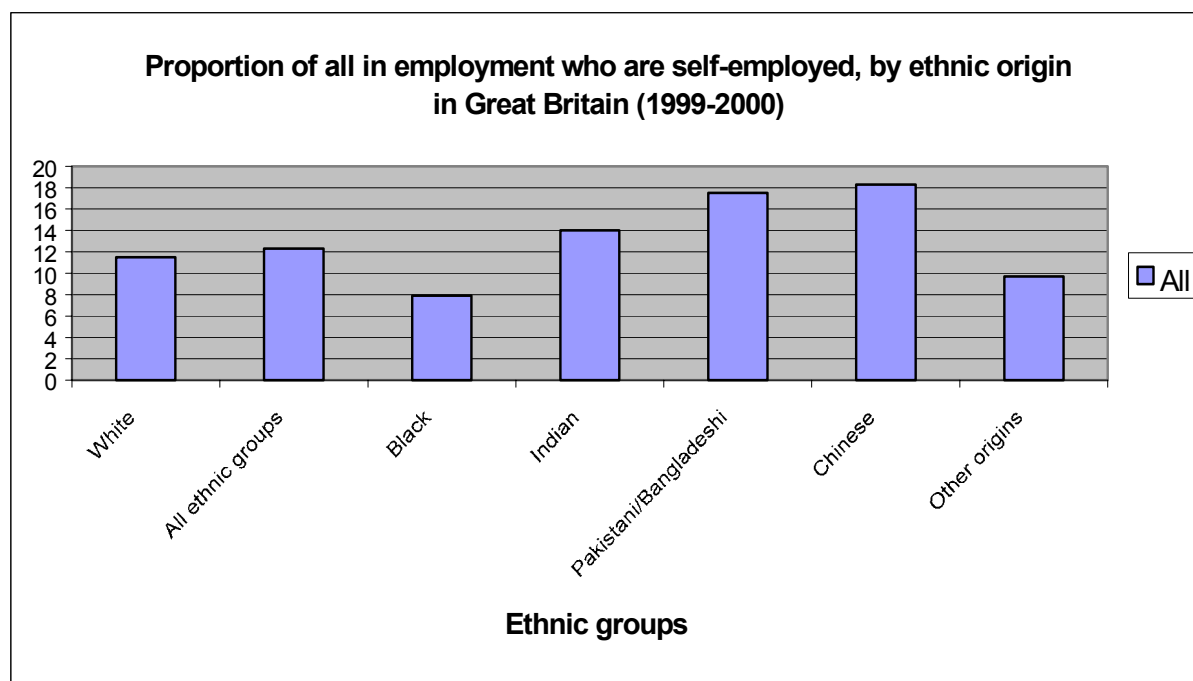
From a policy perspective, it is important to note that the ethnic minority population represents a growing share of the total population: from 5.9% in 1991 to 8.7% in 2001. Each of the ethnic minority groups included in the Census have increased their share of the total population during this period, although at varying rates: highest among Chinese, Other Ethnic, Bangladeshi and Pakistani groups. Although the 1991 and the 2001 Censuses do not give any statistics about the Turkish or the Greek population in Britain, Mehmet Ali (2001) estimates the size of the Turkish population, which includes Turkish speaking Kurdish and Roma/Gypsy refugees from Cyprus to be about 200,000, representing 0.4% of the population of England and Wales.

A1.2 The Involvement of ethnic minority groups in business

It is widely recognised that EMBs represent an increasingly significant segment of the small business population in the UK, although the absence of large-scale business databases that include the ethnicity of the owner makes it impossible to paint a complete accurate picture (Ram *et al* 2002). EMBs are disproportionately represented among new business start-ups: 9% of new business start-ups and almost 7% of the total business stock in the UK (Barclays Bank 1997). Moreover, based on current trends, this proportion is likely to increase over time.

Self-employment rates among EMBs are also higher than their white counterparts (Figure A1.2). For example, the self-employment rate for Pakistanis and Bangladeshi is 19%, 18% for Chinese, 15% for Indian and 7% for African-Caribbeans, compared with 12% for the white controlled group (ONS 2001).

Figure A1.2 Self-employed as a percentage of total employment, by ethnic group in Great Britain



Source: LFS: Autumn 1999

The GEM (2002) UK report confirmed that EM groups have a substantial entrepreneurial potential, although in contrast to other studies it finds Africans and Caribbeans to be disproportionately represented among new business start-ups and not just Asians. Nevertheless, these results confirm the importance of EMBs to the UK economy, whilst also drawing attention to the divergent experiences of ethnic minority groups in business, which has been an important theme in a number of recent policy-related studies (Ram & Smallbone 2001; Ram *et al* 2002).

The contribution of ethnic minority businesses to the UK economy as a whole is considerable and represents a growing part of the small business market (Bank of England, 2000). In 1997, 1.8 million people living in Greater London were from ethnic minority backgrounds and accounted for almost 45% of the country's total EMB population (LSFU, 1999). The study found that entrepreneurs from ethnic minority communities owned 19% of all businesses in London, but different ethnic groupings exhibit varying spatial concentration across London.

The sectoral distribution of EMBs has potential implications for health and safety issues and for their regulation. Previous CEEDR studies have indicated that people of South Asian (Bangladeshis, Indians and Pakistanis) are strongly represented in the catering, clothing and food retailing sectors, whilst Chinese concentrate in the take away trade (CEEDR 2001). African-Caribbean people are active in the construction sector (Curran & Blackburn 1993) and personal services, such as hairdressing (CEEDR 2002). Indeed, some researchers have argued that sectoral factors are at the heart of some of the distinctive characteristics and problems faced by EMBs (e.g. Blackburn & Rutherford 1999; Jones *et al* 1994). As a result, sector is likely to be one of the key factors influencing a business's attitude and behaviour with respect to health and safety.

A1.3 Educational Background

Educational qualifications have an important influence on labour market status and career progression (ONS 2001). The CRE Factsheets (1998) based on the 1991 census indicate that in 1997 25% of men and women of working age from ethnic minority groups in Britain were receiving education and training in schools colleges and universities compared with an average of 15% of the working age population as a whole.

Table A1.2 Highest qualifications of people of working age, by ethnic group in Great Britain

<i>Ethnic Group</i>	<i>Higher Qualification (%)</i>	<i>Other Qualification (%)</i>	<i>No Qualification (%)</i>
White	22	61	16
Black Caribbean	19	61	20
Black African	32	56	12
Other black	19	67	13
Indian	25	57	18
Pakistani	13	54	32
Bangladeshi	8	48	44
Chinese	29	52	19
Other ethnic groups	26	63	12

Source: ONS 2001

Table A1.2 summarises the trends in educational background among the EM groups based on the 2001 Census of Population. The Table shows that the Black African population is typically better educated than either members of other ethnic minority groups, or the white population, both in terms of having some form of educational qualification and in terms of having some qualification.

In terms of EMBs, other recent survey evidence shows ACBs to be relatively well endowed with human capital, as far as management is concerned, compared with other EMBs and also similar white owned businesses (Ram *et al* 2002).

CRE Factsheets show that although people from ethnic minority groups are more likely to be studying or training than their white counterparts, they are less likely to have formal qualifications, with more than 20% of people from ethnic minority having no qualifications (mostly Pakistanis and Bangladeshis). According to the PIU (2000) report the younger generation of ethnic minorities generally are improving their attainment rates at GCSE levels, with some groups, notably Indian and Chinese having higher levels of attainment than Whites. However, the report notes that gaps still remain between the overall outcomes at GCSE for each ethnic group: for example, in 1996, 38% of Asians and 23% of young Black people achieved five or more GCSE higher (A-C) grades compared to 45% of white pupils.

APPENDIX 2

THE SURVEY SAMPLE

The sectoral distribution by ethnic group is shown in Table 1. The target was to achieve approximately even numbers of businesses in each of the five broad sector groups, namely 170 ethnic minority businesses (EMBs) in each sector and 50 white/UK origin businesses. In addition, a minimum of 100 in each of the minority ethnic groups was targeted, plus 250 in the white control group. The variations from these targets in practice, resulted from the difficulty of finding EMBs in certain sectors, notably in construction but also in manufacturing and health services. In this respect the large number of Indian businesses in the sample (196) is a reflection of the fact that Indian businesses are more likely to be found across all the sectors, particularly in those sectors where it has been difficult to find EMBs willing to co-operate with the research. As a result of the difficulty of finding EMBs in the health services sector a decision was taken during the course of the survey to expand the definition of this sector to include certain types of personal service business, i.e. in hair & beauty and dry cleaning.

Table A2.1 Ethnic Composition of the sample by sector

<i>Ethnic group</i>	<i>Broad Sector</i>										
	<i>Manufacturing</i>		<i>Construction</i>		<i>Health & personal services</i>		<i>Retail</i>		<i>Hospitality</i>		<i>Group Total</i>
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Base
ACB	27	25	22	21	25	24	16	15	16	15	106
Bangladeshi	5	5	2	2	13	12	9	8	77	73	106
Chinese	3	3	0	0	36	34	13	12	55	51	107
Indian	61	31	38	19	43	22	39	20	15	8	196
Pakistani	16	13	6	5	28	22	49	39	28	22	127
Turkish	15	13	10	8	1	1	63	53	29	25	118
Greek	16	16	12	12	4	4	10	10	57	58	99
All EMBs	143	17	90	11	150	18	199	23	277	32	859
White/UK	36	16	24	10	42	18	51	22	75	33	228
Group Total	180	17	114	10	192	18	250	23	352	32	1087

With respect to size, the original target was to achieve as near to 50% of the sample in the 10+ size category, with the remainder being micro-enterprises employing fewer than 10 workers. Given the fact that most EMBs are micro-enterprises this would have been a very difficult target to achieve. In practice, the sample achieved 22% of EMBs in the larger size category, with a slightly higher proportion of 25% for the white control group. This resulted from the sector matching, combined with the larger size of white owned businesses in the sample population.

Table A2.2 Employment size groups by ethnicity and sector

	<i>Employment size groups</i>								
	<i>0-4 staff</i>		<i>5-9 staff</i>		<i>10-19 staff</i>		<i>20+ staff</i>		<i>Total</i>
	Count	Row %	Count	Row %	Count	Row %	Count	Row %	Count
ACB	69	66	20	19	7	7	8	8	104
Bangladeshi	49	47	40	39	13	13	2	2	104
Chinese	57	54	27	26	16	15	6	6	106
Indian	107	55	57	29	17	9	13	7	194
Pakistani	77	62	32	26	7	6	9	7	125
Turkish	82	71	17	14	12	10	4	4	115
Greek	53	55	22	23	16	16	6	6	97
All EMBs	494	59	215	25	88	10	48	6	845
White/UK	107	48	77	34	22	10	19	8	225
Group Total	601	56	292	27	110	10	67	6	1070
<i>Sector</i>									
Manufacturing	75	43	47	27	29	17	25	14	176
Construction	69	63	28	25	7	6	7	6	111
Health	133	70	43	23	10	5	4	2	190
Retail	173	70	47	19	18	7	8	3	246
Hospitality	151	44	127	37	46	13	23	7	347

Note: there are 17 businesses for which we do not have employment size data

Finally, with respect to location, the target was set that no more than 50% of businesses should be located in London; in fact 49% of EMBs and 50% of the white control were found in London. The bulk of the remainder of the sample is located in Birmingham and the Midlands (35% of all businesses), while small numbers were found in Yorkshire & Humberside (4.4%), the North West (4%), the South West (3.4%), East / South East England (2.1%) and Glasgow & Edinburgh (1.7%).

APPENDIX 3

TELEPHONE QUESTIONNAIRE USED WITH SMALL BUSINESS OWNER/MANAGERS

PLEASE COMPLETE THIS BOX AFTER FINISHING THE INTERVIEW

1.1 URN:	*v.01 ____
1.2 Interviewer:	v.02 ____
1.3 Date of interview:	v.03 ____
1.4 Name of company:	v.04 ____
1.5 Telephone number:	v.05 ____
1.6 Sample Area:	*v.06 ____
1=London 5=Devon and Cornwall	
2=Birmingham 6=Glasgow and Edinburgh	*v.07 ____
3=Leicester 7=Other (specify)	
4=Yorks & Humberside	
1.7 Broad sector (from sample classification):	
1=manufacturing 4=retail	v.08 ____
2=construction 5=hospitality	
3=health services	
1.8 Main activity (write in from Q3.2) :	
Ethnic group (write in from Q2.2) :	*v.09 ____
Employee Size (write in from Q3.3) :	
1=Under 10	
2=10+	*v.09a ____
Interview conducted in:	*v.09b ____
1=English	
2=Other	

INTRODUCTION:

The Centre for Enterprise and Economic Development Research at Middlesex University is conducting a study of the impact of government regulations on small business, and how regulations might be better designed to suit the needs of small business. We are particularly interested in your experience of the health and safety regulations and the effects of such regulations on your business. The interview will take about 10 minutes, is completely confidential and your identity will not be passed on to any government officials or to anybody else.

NOTES:

a) Only identify the Health and Safety Executive if specifically asked whom the project is for.

b) If respondent is initially reluctant, emphasise: (i) that the work is being conducted from a point of view which is sympathetic to the problems facing small businesses and is aimed at helping them; (ii) **absolute guarantee of confidentiality**.

2. DETAILS OF MAIN OWNER

2.1 Please give your name and job title (*must be either the owner or a senior member of the firm such as the MD who can answer on the owner's behalf*).

Name: v. 10____

Job title: v.11____

We are interested to see how the regulations are viewed by different ethnic groups, therefore could you please tell us : **are you (or a co-owner of the business) a member of any of the following** ethnic groups?

v. 12____

1=African/Caribbean

2=Bangladeshi

3=Chinese

4=Indian

5=Pakistani

6=Turkish

7=Greek

8=White - UK origin – Go to 2.4

IF NONE OF THESE APPLY TERMINATE THE INTERVIEW

For Ethnic businesses only:

2.3a) Was the main business owner born in the UK?

v. 13____

0=No

1=Yes

b) Approximately what percentage of total sales is currently to customers from the same ethnic group as the business owner ?

v. 14 ____%

c) Approximately what percentage of total sales is currently to customers from other ethnic minority groups (*as defined in Q2.2, not including white, but including other ethnic minorities*)

v. 15 ____%

2.4 Please indicate the current age group of the main business owner

v. 16____

1=under 30

2=30-45

3=over 45

2.5 The **gender** of the main owner of the business:

v. 17____

1=male

2=female

3=co-owned (i.e. male and female partners)

2.6 Does the main business owner have:

formal management training (i.e. attended management training courses)?

v. 18____

0=No
1=Yes

a **formal management qualification** (e.g. Certificate of Management, Masters of Business Administration [MBA])?

v. 19__

0=No
1=Yes

management experience in another company?

v. 20__

0=No
1=Yes

What is the **highest qualification**, academic/professional, held by the main business owner?

..... (write in here and code below)

v. 21__

0=none
1=up to 5 O level/GCSEs – NVQ 1
2=5 O levels to 1 A level – NVQ 2
3=more than 1 A level – NVQ3 (BTEC)
4=Degree – NVQ4 (higher BTEC, HND, HNC)
5=Post Graduate – NVQ5
6=other (specify)

3. BACKGROUND INFORMATION ABOUT THE FIRM

3.1 In what year was the business established?

v. 22__

Briefly describe the firm's main products/services (also code into Q1.8)

v. 23__

.....

3.3 a) What is the total number of workers in your firm, including both full-time and part-time and including the owner-manager?

v. 24__

b) How many of these jobs are part-time?

v. 25__

c) How many are casual?

v. 26__

3.4 What proportion of the workforce are family members? (including extended family)

v. 27__ (give number)

3.5a) Is your business a member of a trade / business association ?

0=No – Go to 3.6
1=Yes

v. 28__

If Yes -

b) Please, specify which:

1=Chamber of Commerce
2=Trade/Sector Association
3=other (specify).....

a) Does your firm have a computer(s)?

v. 29__

0=No – Go to 4

1=Yes

If Yes: Do you have :

b) use of E-mail?

v. 30__

0=No

1=Yes

c) access to the Internet?

v. 31__

0=No

1=Yes

4. HEALTH AND SAFETY ISSUES

I'd now like to ask some questions about your experience of government regulation, particularly with respect to the health and safety requirements.

4.1 I would like to ask you for your views about a number of specific areas of government regulation and whether you **agree or disagree** with the statement "**the level of regulation on small business is too great**"

(on a scale of 1-5, with 1=strongly agree and 5=strongly disagree).

Please give your views (where applicable) on a scale of 1-5 with regard to:

a) Employment regulations (law)

v. 32__

b) Financial regulation (VAT etc ...?)

v. 33__

Customs and Excise regulations

v. 34__

d) Planning regulations

v. 35__

e) Food Hygiene Regulations

(applies to restaurants, food processing firms etc)

v. 36__

f) Environmental regulations (i.e. pollution control / waste disposal – apply mainly to manufacturing firms)

v. 37__

g) Health and safety regulations

v. 38__

Codes:

1=strongly agree

2=agree

3=neither agree nor disagree

4=disagree

5=strongly disagree

h) With regard to (g) - the health & safety regulations : If 1 or 2 (agree with statement) –
Would your views be different if a government grant were available to help small businesses invest in health and safety improvements?

v. 39 ____

0=No

1=Yes

4.2 a) Please tell me to what extent have you experienced any difficulty in meeting the requirements of the health and safety legislation:

v. 40 ____

0=No difficulty – Go to 4.3

1=Some difficulty

2=Considerable difficulty

If 1 or 2 -

b) Why is this ? (code single most important reason)

v. 41 ____

1=the requirements of the legislation are unclear to me

2=lack of management time

3=lack of h&s expertise within the firm

4=other (specify)

We are interested in any external sources of information and/or advice about health and safety that you may have drawn on.....

4.3 a) Are there any particular external sources of information and/or advice on h&s that you have made use of in the last 5 years?: (open question - code in box below as many as apply including any other sources).

If None, go to (c)

<p>a)</p> <p>0=None</p> <p>1=Local health & safety inspector</p> <p>2=HSE Workplace Contact Officer</p> <p>3=HSE publications</p> <p>4=Local Authority supplied information</p> <p>5=Other publications (specify)</p> <p>6=HSE website</p> <p>7=HSE Infoline (tel. Service)</p> <p>8=Insurance company</p> <p>9=Trade association (specify)</p> <p>10=Accountant</p> <p>11=Financial adviser</p> <p>12=Bank</p> <p>13=Consultant</p> <p>14=Customer</p> <p>15=Supplier</p> <p>16=Other business (specify).....</p> <p>17=Other sources (specify)</p> <p>.....</p>	<p>v. 42 ____</p> <p>v. 43 ____</p> <p>v. 44 ____</p> <p>v. 45 ____</p> <p>v. 46 ____</p> <p>v. 47 ____</p> <p>v. 48 ____</p> <p>v. 49 ____</p> <p>v. 50 ____</p> <p>v. 51 ____</p> <p>v. 52 ____</p> <p>v. 53 ____</p> <p>v. 54 ____</p> <p>v. 55 ____</p> <p>v. 56 ____</p> <p>v. 57 ____</p> <p>v. 58 ____</p> <p>v. 59 ____</p>	<p>b) Level of satisfaction:</p> <p>v. 60 ____</p> <p>v. 61 ____</p> <p>v. 62 ____</p> <p>v. 63 ____</p> <p>v. 64 ____</p> <p>v. 65 ____</p> <p>v. 66 ____</p> <p>v. 67 ____</p> <p>v. 68 ____</p> <p>v. 69 ____</p> <p>v. 70 ____</p> <p>v. 71 ____</p> <p>v. 72 ____</p> <p>v. 73 ____</p> <p>v. 74 ____</p> <p>v. 75 ____</p> <p>v. 76 ____</p> <p>CODES:</p> <p>1=satisfied;</p> <p>2=neither satisfied nor dissatisfied;</p> <p>3=dissatisfied</p>
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b) *If yes to (a)*, how satisfied were you with this source of information/advice? (on a scale of 1-3)
(code in box)

c) *If none to (a)*: If you found that you needed particular information/advice on an issue relating to health and safety in your business, who would you first turn to for help? (*do not prompt*)

v. 77 ____

- 1=Local health & safety inspector
- 2=HSE publications
- 3=Other publications (specify)
- 4=HSE website
- 5=HSE Infoline (tel. Service)
- 6=Insurance company
- 7=Trade association (specify).....
- 8=Accountant
- 9=Financial adviser
- 10=Bank
- 11=Consultant
- 12=Customer
- 13=Supplier
- 14=Other business (specify).....

4.4a) Have you experienced any particular difficulties in gaining access to information and/or advice on health and safety?

v. 78 ____

- 0=No – Go to 4.5
- 1=Yes

b) *If Yes to (a)* – what sort of difficulties have you experienced?

v. 79 ____

- 1=don't know where or who to turn to for information/advice
- 2=language barriers (i.e. information/advice provided is difficult to understand because English is not first language)
- 3=lack of management/staff time
- 4=other (specify)

a) Would you (or an appropriate manager in the business) be willing to attend a one day Health & Safety Roadshow (run by the HSE) giving basic guidance on health and safety to businesses such as yours?

v. 80 ____

- 0=No
- 1=Yes – Go to 4.6
- 2=Perhaps, depending on circumstances

b) *If no/perhaps*: Would you be willing to attend such an event if you were also given an assurance that you would be guaranteed no routine inspections for a year if you did attend?

v. 81 ____

- 0=No
- 1=Yes
- 2=Perhaps, depending on circumstance

4.6a) Who is responsible for health and safety in your business (i.e. management responsibility)?

v. 82 ____

- 0=no one – Go to 4.7
- 1=owner-manager

2=other manager (specify).....

b) Has this person received any training in health and safety?

v. 83__

0=No

1=Yes

4.7a) Is there an employee health and safety representative? (i.e. representing the workforce)

v. 84__

0=No – Go to 4.8

1=Yes

b) Has this person received any training in health and safety?

v. 85__

0=No

1=Yes

4.8 Does your business have a written health and safety policy? (*Note: firms with less than 5 employees are exempt from this legal requirement*)

v. 86__

0=No

1=Yes

a) Has your firm taken any particular measures to improve health and safety in the last 5 years?

v. 87__

0=No – Go to 4.10

1=Yes

If Yes –

b) What sort of health and safety measures have been taken? (*tick as many as apply*) (do not prompt)

Risk assessment v. 88__

Health & safety audit/review v. 89__

Health & safety training for management v. 90__

Health & safety training for staff v. 91__

Improvement in systems (inc. equipment) v. 92__

Regular inspections of equipment v. 93__

Other (specify) v. 94__

b) *If yes (i.e. to any of the above)*, what was the main factor that motivated you to carry out this/these measure/s?

.....(*write in response and code below*)

v. 95__

1=self-initiated by manager to protect workforce and/or reduce exposure to risk

2=initiated by manager to comply with legislation

3=suggestion from staff/staff health and safety representative

4=recommendation from h&s inspector

5=recommendation from h&s Workplace Contact Officer

6=recommendation/requirement of customers/clients

7=other (specify)

4.10 a) Please tell me how strongly you agree or disagree with the statement: “investment in health and safety improvements will have financial benefits for my business” (on a scale of 1-5, with 1=strongly agree and 5=strongly disagree):

v. 96__

- 1=strongly agree
- 2=agree
- 3=neither agree nor disagree
- 4=disagree
- 5=strongly disagree

4.11 Could you please tell me what are the main pieces of health and safety legislation that affect your business? (*do not prompt - respondent does not need to identify legislation precisely*)

a)

The Health and Safety at Work Act 1974	v. 97__	Employers' Liability (Compulsory Insurance Regulations) 1989	v. 106__
The Management of Health and Safety at Work Regulations 1999	v. 98__	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR)	v. 107__
Workplace (Health, Safety and Welfare) Regulations 1992	v. 99__	Noise at Work Regulations 1989	v. 108__
Health and Safety (Display Screen Equipment) Regulations 1992	v. 100__	Electricity at Work Regulations 1989	v. 109__
Personal Protective Equipment (PPE) Regulations 1992	v. 101__	Control of Substances Hazardous to Health Regulations 1999 (COSHH)	v. 110__
Provision and Use of Work Equipment Regulations (PUWER) 1998	v. 102__	Chemicals (Hazard Information and Packaging for Supply) Regulations (CHIP 2) 1994	v. 111__
Manual Handling Operations Regulations 1992	v. 103__	Construction (Design and Management) Regulations 1994	v. 112__
Health & Safety (First Aid) Regulations	v. 104__	Gas Safety (Installation and Use) Regulations 1994	v. 113__
The Health & Safety Information for Employees Regulations 1989	v. 105__		

Other legislation (if cannot be identified from list above) – *please describe*

.....

v. 114__

4.12 a) Has your business ever been visited by a **health and safety inspector** ?

v. 115__

- 0=No – Go to 5.1
- 1=Yes

b) *If yes*, what was the outcome of the visit?

v. 116__

- 0=no action recommended or required – Go to 5.1
- 1=action recommended but not taken
- 2=action recommended and action taken
- 3=improvement notice served and improvement action taken
- 4=improvement notice served but action not yet taken
- 5=prohibition notice served and improvement action taken
- 6=prohibition notice served but action not yet taken
- 7=withdrawal of approval
- 8=variation of licence or conditions or of exemption
- 9=prosecution
- 10=other (specify).....

If 1, 4 or 6 - action recommended or required but not taken:

Why was action not taken? (code as many as apply)

v. 117__

- 1=disagree that recommended/required action is necessary
- 2=recommended/required action is unfair (i.e. other similar businesses that I know of are not required to take similar action)
- 3=recommended/required action was too expensive for my business
- 4=lack of management time
- 5=lack of staff time
- 6=lack of expertise within the business
- 7=Other (specify)

If action was taken as a result of a visit:

d) How easy or difficult was it for you to take the recommended action ? (on a scale of 1-5, with 1 = very easy and 5=very difficult)

v. 118__

- 1=very easy
- 2=quite easy
- 3=neither easy nor difficult
- 4=quite difficult
- 5=very difficult

5. BUSINESS PERFORMANCE

Finally, I'd like to ask for just a few more background details about your business.....

5.1 Did the firm make a profit/loss or breakeven in 2000?

v. 119__

- 1=profit
- 2=loss
- 3=breakeven

5.2 What was the turnover in the last financial year?

v. 120__

- 1=less than £20,000
- 2=£20,000-50,000
- 3=£50,001-100,000
- 4=£100,001-250,000
- 5=more than £250,000

How did the value of total sales in 2000 compare with 1999?

1=more than 20% higher
2=between 10-20% higher
3=more than 10% lower
4=between the previous two, i.e. about the same.

v. 121____

6. FUTURE CONTACT?

6. Do you have any objections to us contacting you in the future?

0=no
1=yes

v. 122____

THANK YOU VERY MUCH FOR YOUR HELP

APPENDIX 4

CASE STUDY EXAMPLES

CASE STUDY 1: MANUFACTURING EXAMPLE

An employee [EmpM1] with this shop fitting business, employing 25 people, described how health and safety was largely treated by management as the responsibility of individual employees. This employee spoke of a number of concerns he had about the safety of his workplace, including dust inhalation, injuries sustained on a regular basis by some employees from improper lifting, and fumes from a new glue used for joinery. With regard to the dust and fumes, although some personal protective equipment had been provided in the past when requested by concerned employees, the proper use of this equipment by all employees was not enforced by management. It appears also that there was a reluctance on the part of the business to invest in protective measures and that employees wanting protection would sometimes need to pay for the equipment themselves:

And we use a lot of MDF [Medium Density Fibreboard] – I believe it's banned in some countries, we've been told. I'm not a 100% certain about that. And so we get the dust from that, but we are supplied with mouth masks, but it's up to you if you use them. [...] other minor things like steel toecaps which no one wears anyway [...] well very few people. We never used to [use them], and then one of the apprentices dropped a board on his foot. Well, two times, actually - one just after the other - and ended up in hospital. So after that they did say that they would give us £30 a year to buy steel toecaps. They forgot about paying the £30, so people forgot about wearing the boots. [...] One of the main things is lifting. Because we are a shop fitters and not a cabinet makers, sometimes stuff can be extremely big and heavy, and it's always down to us to lift it around, because we've no forklift or anything. So if you want to move it, you get as many people as you can and try to lift it and struggle quite often, because you can only get so many people around it.

Interviewer: [...] but is there no specific training on lifting?

No. [...]

Interviewer: And you also referred to the masks and the steel toecaps, but you implied that it's sort of left to individuals whether or not they use them, so it's not, strictly enforced at all?

No. They did go through a small phase of about three months of getting people to wear their steel toecaps, but that sort of died out fairly quickly. [...] I think all health and safety issues are down to the person. If you're using the machinery and you're reckless and that – because they can be quite dangerous- even the apprentices, usually because I deal with them and it's up to me to tell them: "Remember to keep your hands away", but there's no official information given to them about it. Everything's up to us, really. If we complain that it's dangerous to cut a piece of wood or something, then we're told to just get over it another way then, and just do it, somehow. But it's up to us how we do it. [...] I think the defenders, that sort of thing – the eye protection is given to you when you first start - again it's up to you to use it or not. I think nine times out of ten, if you have a problem and you say you want something, then they will probably get it for you. You may have to pay for it yourself, but they will probably get it for you.

The emphasis on individual responsibility was particularly problematical where young and less experienced employees were concerned, and at times when pressures to meet deadlines were particularly acute.

I suppose from the view of an experienced person, you know, you can usually get around the problems, but for young people coming in, once they've finished college, and they're not actually with another

person at work: then the pressure is on to do a job and get it finished, and unless they go and ask someone how to do it then sometimes they will probably take more risks than they should do. It's all pressure to get the job done, it doesn't matter how you do it, so long as it's done.

Interviewer: And do you think that that pressure to get the job done has implications for the level of risk in the workplace?

I think lifting does. Because quite a few people develop bad backs at certain time where they lift things that they shouldn't really lift, but because we've got no other means of getting the finished article out to the van or to the other end of the workshop... when all we get told is that it's got to get there, so it's up to us. They say: "Get as many people as you need", but some units are nearly impossible to lift even with a lot of people around – it still can be quite heavy.

In spite of the fact that a number of employees had been absent from work with back injuries in the recent past, this had not led to any measures being taken within the business to address the problem. In this regard it appears that any deleterious financial impact on the business had not been sufficient to prompt a rethink of health and safety, and that visits from health and safety inspectors had not helped to address the problem.²⁹

I would say three people this year have had a couple of weeks off with bad backs.

Interviewer: That sounds quite bad... it has obviously had an impact.

Well, it has, yeah. Some of them have a history of bad backs, but it's been brought on again by lifting.

Interviewer: But this issue really hasn't led to things being done in a different way, though?

No. Originally when they've come back to work they may be told they don't have to lift stuff, but then, because, if you're making a job, you usually feel responsible for it, you end up turning stuff over on the bench, or anything. It's usually the awkwardness as well as the heaviness, because we make a lot of curved units, and as you start to lift they sort of naturally tip. [...] He [the workshop manager] is just like any other member of staff. He's very approachable. On a personal note for him, I think if he could help he would do, but it all depends on costs as well, I expect. [...]

CASE STUDY 2: THE BUILDING TRADE (DOMESTIC & SMALL CONTRACTS)

This interviewee had worked in the building trade for three years in the recent past but was perhaps untypical of most workers in this trade in his sensitivity to health and safety issues; in this respect he referred to a chest problem or particular sensitivity that he had to dust and that he considered himself to be better educated and thus more safety conscious than most of his work mates. He gave a particularly vivid account of his experiences of the day-to-day risks faced by workers in this subsector and the prevailing attitudes to such risks:

I could tell you that you could go into a house and demolish the whole inside to make two flats – h&s wasn't an issue whatsoever really. You could go into a place, just as I am now [i.e. no protective clothing] and pull the whole place down – all the plaster and pins and everything and I wouldn't have a hat – nothing. I was sometimes maybe careful that we should be using a mask because there was a lot of dust, and I used to complain that I could be pulling out asbestos or ... things like that. But it wasn't an issue really. [...] And I still watch people on building sites, and it's still the same, unless it's a big company. [...] No face masks, no gloves – I mean you can go into a house where you are pulling the inside of the building apart and you haven't got nothing really or you are not using the appropriate tools [...] just banging into everything and things flying everywhere really, all the grits and debris is flying everywhere [...] the whole wall could come down and we are all rushing to one side – you know all these ... how shall I put it? – cowboy jobs! you know what I mean? Because you are cutting time. [...] there is

²⁹ See section 3.4.2.3 for further details on this issue.

a lot of luck involved. You could easily get electrocuted as well; a few times you have a few scrapes like that and you are more cautious about it – but you still do it I think, it is just human instinct, if you are pulling a thing down and someone hasn't switched everything off or something... all these places – you always get, somehow, somewhere which is alive for one reason or another, and things like that you know? [...] you do have quite a few scrapes – luckily you escape them. In my time I didn't see anybody get really, really badly damaged – you see a few cuts needing stitches, but not very, very serious where somebody died or anything. [...] you don't have the protection, you sometimes got to do these things, if you can't drill a wall and you find a piece of iron you take a big thing and just bash, you know, stuff flying everywhere, using brutal force instead of using the right tools for it, but unfortunately that is what you've got to do, you can't wait for it, you've got to get in there and do it, you know what I mean? You've got to use brute force with whatever tools you've got and you've got to get there. But everything can go wrong there but you still do it. [...] or you are drilling and there could be gas pipes or electric pipes, you just vaguely think "I hope there is nothing there" but you just go through it. [...] and sometimes it really scares you, it's dangerous but you still go and do it because... you do it and you face the consequences.

Two key influences were particularly apparent in the account given by this interviewee: the highly competitive and fluctuating nature of the sector and the lack of any external moderating influence, i.e. in terms of the closer supervision that more typically occurs on larger sites and visits (or the threat of) from health and safety inspectors. This interviewee also emphasised the influence of the male/macho and risk tolerant culture of the workers themselves, including the manner in which newcomers are drawn into and become accommodated to this culture, a tendency towards ad hoc improvisation and a readiness to 'cut corners' to minimise costs, meet or beat deadlines and in order to cope with the variety of work undertaken. The combination of these influences is illustrated by the following quotes:

There is a big competition out there, you know what I mean? A lot of searching – I think building work is a very, very competitive field for everybody, because they can have a really, really good time and then it gets really bad. As I say, a person at one stage can have 5-6 people working for him and then it comes to the stage that ... he's just working for himself – it's a big contrast really, very, very big contrast. [...] it is not controlled, is not anybody that comes around [...] a council person [i.e. building control] can come and inspect the work to see if you are doing it right, if your foundation is right, if the drainage is right, if they can open windows – everything can be inspected, but you never see anybody coming from the council and saying "why are you not wearing this?" or whatever. You see, you haven't got that cause to make the employers aware that they have to really protect their workers – that's not there.

...if you get a cut you go to hospital and have five stitches and the person can even expect you to be there next day. And that's the idea really, people do come back to work having five stitches because of something falling on you and you are in a bit of pain – it doesn't really do that you have got to stop, it's not one of those office jobs where you can say "I can't work". You can even be in severe pain and you'll be expected to go and work, you know, that's part of the job – this is a tough field, this is a tough job – it's a man's job. You know we can't have many people who are working around on a small thing or something and something falls on your foot – if your foot is not cracked really badly, or if it's not really really damaged, he has to still continue. [...] because it's a sort of macho field there, if you know what I mean, it's a macho field and it's a hard field. Things like that shouldn't affect your work rate or your working condition [...] It's very competitive as I say, you can't stop the work, whatever you are doing must continue because, don't forget all these small companies most of the time don't finish at 5 or 6 o'clock – sometimes they go to 8, 9, 12 o'clock. I've been many times on a job where, in the morning, just to finish the job – it was time limited so you have got to finish it – everything is ready, so you've got to really stay in the shop, and if it's not finished at 2 o'clock in the morning just to complete it you work until morning, to do the finishing.

[...] I wish you could sometimes be able to see how people – four people can lift up an RSJ [i.e. rolled steel joist] and put it on top of a building without – no protection! – they are just dangling [...] under it and sometimes they bloody [? – something emphatic!] you know what I mean? Can you imagine that if you are on the bloody top with this thing [...] people do this and this happens, and the council comes, the

inspectors, and inspect the RSJ but they don't know how it got up there! There are proper ways of doing it, you know what I mean? More safe!

Interviewer: Did you know the proper way of doing it?

No – I took part in it, I took part in putting up things like that – I knew it was dangerous because on a few occasions we were nearly injured, because you've got to fit it in there and it's a heavy bloody thing. Any slip, one person can slip and the whole thing can fall and you just got to get out of the way. And there is a proper way of doing it, but I've never seen how it's been really properly done. But there are companies that specialise in this – they come and do this, they measure and cut it and they put it up there for you. These people [though] want to cut corners because they want to cut costs [...] always it is improvisation, always in every job is something that ... you have to improvise, you know what I mean? Because if you go somewhere where the roof is gone, you need scaffolding, but most of the time they don't use scaffolding – they put couple of ladders up there, they get up there and they are dangling but if it has to be done properly you must have a scaffolding. But they go up there and dangle on a ladder one there and one there and pulling and pushing – is not proper! They improvise, you know they just get it done in one way or another.

This interviewee entered the building trade with a level of concern for health and safety that was perhaps untypical but who nevertheless overcame some of his fear and became increasingly accommodated to the daily risks he faced. This accommodation and loss of caution came about through a process whereby he was increasingly drawn into the work culture: through the example set by his work mates and their mockery of his initial sensitivity and caution, and in the context of the all-pervading 'pressure of the job'.

When I went into this job I was very apprehensive, pulling back you know? Because I was educated and I always read and hear and you see how these people don't even think about it. And how could somebody be in the building trade for 10-20 years and not own a hat? Or a pair of gloves? [...] At the beginning when you do that you are a bit cautious about it because you are looking to have all this protection but after a while, when everybody is working like that, you have to sort of go into it and lose you lose your fears - when you start you fear you might damage yourself, damaging your hands or getting scratches and cuts – as you go along you accept it as part of the job. Because you lose your individual protectiveness. [...] It's the culture of the labourers or workers or whatever you call them – it's in their culture. [...] because it is their culture, they carry on to teach it to the new generation, unless the new generation demand better [...] But you will maybe feel odd next to an experienced person not using anything, and you coming in as a new person and trying to use all these gloves and headgear and all that noise reduction gear [...] it's part and parcel of the job, really, because ... you always seem to find people taking more risks than you and when you look at them : "Oh he's been doing this for so long and he's alright" you know "if he can do it, I can do it" it becomes like that. You see people taking more risks than you do and they've been in it for so long and you say "ah, he's still doing it", so ...

Interviewer: So it becomes like, as you were saying, part of the culture, the work culture...

It's just like sometimes you've got a wheel barrow and you are carrying cement and then the place is – a lot of things there and, just a piece of wood, and you go and say "lets clean this place and make this thing easier" and you see the guy picking it up and he's all over and he's gone! So he's not wasting time to make everything proper – he's just: "Go-on, finish it!" So you get used to doing that, you know what I mean? Like he does it. Either you can clear the place because there's pieces of wood, glass – anything it could be [...] if he goes, you follow it and then you make it a ... you get into it and you do it as well and you forget to take the normal protection for yourself, or to be more careful. The more you work in it the less protective you get – that's how it works.

[...] in a big company – they can cut corners as well but I think they have to be really 80-90% on the side of the law and all the regulations – they have to keep some kind of a system or they have to abide by this system and regulation as much as they could. I'm sure they will cut corners but it's not as much as a small firm – a small firm runs on just pure cutting corners everywhere and when it comes to h&s – if you ask people it will be their least priority if they are really honest, the first will be to keep his job or finish the job or whatever but h&s will be really the last resort. [...] I think it is the friendships, the warmth, you could become a mate... and another aspect is that the job becomes like, you are part of the job –

that's the aspect of it and you know I mean and that's sometimes that's why you have to work long hours because you are going to finish the job and get your money – where on a big firm you get your wages sort of thing – in small firm sometimes, with deadlines if you finish early you get more money [...] you can have a bonus at the end if you finish early. [...] Whereas if the job drags on, he's losing money and he's not going to pay you ... so it does get a bit stressful at times. You can't say that because it's a big company that's alright – no its only a small outfit so you come to the stage where does 2 bad jobs and one person loses his job – 3rd time it could be you that could go because he wont get a good job, he'll get a smaller job, smaller project and he wont need anymore people so he will lose 4 or 5 people and it does happen every now and then [...] It is always insecure.

APPENDIX 5

INTERMEDIARY ORGANISATIONS VISITED

Black Business Association (BBA), Waltham Forest Business Centre, 5 Blackhorse Lane, Walthamstow, London E17 6DS

3b Black Business Association (3bBBA), 3b Business Village, Alexandra Road, Handsworth, Birmingham B21 0PD

Birmingham Asian Business Association (BABA), Southside, 249 Ladypool Road, Sparkbrook, Birmingham B12 8LF

Centre for Environment and Safety Management for Business (CESMB), Middlesex University, Enfield, London EN3 4SA

Coventry Bangladeshi Centre (CBC), 9 George Eliot Road, Foleshill, Coventry CV1 4HT

Coventry Clothing Centre (CCC), Enterprise House, Courtoulds Way, Coventry CV6 5NX

Coventry & Warwickshire Chinese Community Association (CWCCA), 23 Queens Road, Coventry, CV1 3EG

Greenwich Business Development (GBD), 46 Greenwich Church Street, London SE10 9BL

Muslim Welfare House (MWH), 233 Seven Sisters Road, London N4 2DA

Leicester African/Caribbean Business Association (LACBA), Melbourne Centre, Melbourne Road, Leicester LE2 0GU

London Asian Business Association, ABi Associates (LABA/Abi), 106b Whitchurch Lane, Edgware, London HA8 6QN

South Asian Development Partnership (SADP), 50 Grove Road, Sutton, London SM1 1BT

APPENDIX 6

INTERVIEWS WITH HEALTH & SAFETY AND TRADE UNION OFFICIALS

<i>Interviewee</i>	<i>Organisation</i>	<i>Position</i>
HSE1	HSE London	Principal Inspector of Health & Safety
HSE2	HSE London	Head of Field Operations Construction Centre
HSE3	HSE London	Workplace Contact Officer
HSE4	HSE London	Inspector of Health & Safety
HSE5	HSE London	Inspector of Health & Safety
HSE6	HSE Birmingham	Head of Engineering National Group
HSE7	HSE Birmingham	Head of Construction Operational Group
LA1	Hackney Borough Council	Inspector of Health & Safety
LA2	Haringey Borough Council	Inspector of Health & Safety
LA3	Haringey Borough Council	Inspector of Health & Safety
LA4	Birmingham City Council	Inspector of Health and Safety
LA5	Birmingham City Council	Inspector of Health and Safety
TU1	GMB trade union	Director of Health, Safety & Environment Service
TU2	TUC & HSC member	Senior Policy Officer

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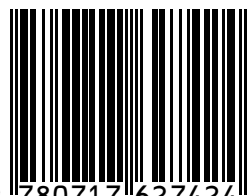
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